



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

SOLICITATION NUMBER	CONTRACT TITLE
RFPS30034901700042	Alternatives to Abortion Program Services
CONTRACT NUMBER	CONTRACT PERIOD
CS170042005	February 1, 2017 through June 30, 2017
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 300300700001	43169397000/MB00097817
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
LACLEDE COUNTY PREGNANCY SUPPORT CENTER PO BOX 373 525 S WASHINGTON LEBANON MO 65536	Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by Laclede County Pregnancy Support Center in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total prices available for fiscal year 2017 and prorated total prices for the above-referenced contract period are as follows:

Geographic Region	Maximum Annual Total Price	Prorated Total Price for the Period February 1, 2017 through June 30, 2017
5	\$60,888.00	\$25,370.00
7	\$114,925.00	\$47,885.42
8	\$38,442.00	\$16,017.50

BUYER	BUYER CONTACT INFORMATION Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE <i>Julie Kleffner</i> 1 - 25 - 17
DIRECTOR OF PURCHASING <i>Karen Boeger</i> Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR BEST AND FINAL OFFER (BAFO)
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail) RETURN BAFO RESPONSE TO: PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809	or (Courier Service) PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517
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CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office of Administration
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME Laclede County Pregnancy Support Center	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) 97817
MAILING ADDRESS P.O. Box 373	
CITY, STATE, ZIP CODE Lebanon, MO 65536-0373	

CONTACT PERSON Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS info@psciblebanon.org or Abigail@psciblebanon.org
PHONE NUMBER 417-532-8555	FAX NUMBER 417-532-8152
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE 	DATE 10/20/2016
PRINTED NAME Shaun Dickerson	TITLE CEO

225 S. Washington
P.O. Box 373
Leavenworth, MO 66336

Pregnancy Support Center

Fax Transmittal Form

To: DA

From:

Attn: Julie Kleffner
Phone number:
Fax number: 573-526-29816

Phone number: 417-512-45555
Fax number: 417-512-8162
Email: Abigail@SpecialAbortion.org

Date sent: 1/9/16

Time sent: 4:20 pm

Number of pages including cover pages: 2

Message:

Attached is over page 3 of Exhibit K for the RFP for Alternatives to Abortion.

Thanks,
Abigail Chisum

P.001

FAX No. 417 532 8152

JAN/09/2017/MON 03:15 PM Pregnancy Center

AFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

comes now, Shawn Diskeson, [Name of Business Entity Authorized Representative] as
CEO, [Position/Title] first being duly sworn on my oath, affirm, I, Laclede County,
Pregnancy Support Center, [Business Entity Name] is entitled and will continue to
participate in the Bi-Weekly Federal work authorization program with respect to employees hired after enrollment in
the program who are proposed to work in connection with the services related to contract(s) with the State of
Missouri for the duration of the contract(s), if awarded. In accordance with subsection 2 of section 285.520,
U.S.C., I also affirm that Laclede County Pregnancy Support Center, [Business Entity
Name] does not and will not knowingly employ a person who is an unauthorized alien in connection with the
contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affidavits above, the facts stated above are true and correct. (The undersigned understands that false
statements made in this filing are subject to the penalties provided under section 575.640, RSMo.)*

Shawn Diskeson
Authorized Representative's Signature

CEO	Shawn Diskeson Printed Name
Title info@pololucenter.org	Date 158058
E-Mail Address	Entity Company ID Number

3-27-16	

I, Shawn Diskeson, of Laclede County, Missouri, I am
commissioned as a notary public within the County of Laclede, State of
Missouri, and my commission expires on December 30, 2018.

Shawn Diskeson,
Signature of Notary

Date



State of Missouri
My Commission Expires
April 26, 2018
Notary Public
County of Laclede

BEST AND FINAL OFFER (BAFO) #002 to RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

1. The following paragraphs in RFPS30034901700042 contain changes:

2.2.3
2.3.2
2.3.2 d.
2.3.2 i.
2.3.2 l. 2) second bullet point
2.4.1 e. 1)
2.4.1 e. 4) bullet point
2.5.5 a., b., and c.
2.11.4 e.
4.1.4
4.1.5

2. Exhibit F is revised.

The changes are indicated in *italics, unless the change is a deletion of words.*



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR BEST AND FINAL OFFER (BAFO)
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

RETURN BAFO RESPONSE TO: PURCHASING
PO BOX 809
JEFFERSON CITY MO 65102-0809

(Courier Service)

or PURCHASING
301 WEST HIGH STREET, RM 630
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office of Administration
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Laclede County Pregnancy Support Center	97817
MAILING ADDRESS	
PO Box 373	
CITY, STATE, ZIP CODE	
Lebanon, MO 65536-0373	

CONTACT PERSON	EMAIL ADDRESS
Shaun Dickerson or Abigail Chisom	info@pscbleanon.org or Abigail@pscbleanon.org
PHONE NUMBER	FAX NUMBER
417-532-8555	417-532-8152
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	10/20/2016
PRINTED NAME	TITLE
Shaun Dickerson	CEO

BEST AND FINAL OFFER (BAFO) #001 to RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

1. The contract ending period has changed from May 31, 2017 to June 30, 2017.
2. The following paragraphs contain changes:
 - 1.3.2
 - 1.3.4
 - 2.10.8
 - 2.12.3. b.
 - 3.3.2 a. 1), including the table
2. Exhibit F, Item 15, has been revised.

EXHIBIT MMISCELLANEOUS INFORMATIONOutside United States:

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u>X</u> _____
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf)	Yes <u>N/A</u>	No _____
If YES, mark the appropriate exemption below, and provide the requested details:		
1. <u> </u> Unique good or service. • EXPLAIN: <u>N/A</u>		
2. <u> </u> Foreign firm hired to market Missouri services/products to a foreign country. • Identify foreign country: _____		
3. <u> </u> Economic cost factor exists • EXPLAIN: _____		
4. <u> </u> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: <u> </u> % • Specify what contract work would be performed outside the United States: _____		

Employee/Conflict of Interest:

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	<u>N/A</u>
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	<u>N/A</u>
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	<u>0</u> %

EXHIBIT M, continued**Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00050802	Laclede County Pregnancy Support Center
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption: <i>N/A</i>	

PRICING PAGE, continued**Pricing Table Revised by Addendum #1**

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ __ No Bid __	\$ _____	\$ _____	\$ _____
2	2	\$ __ No Bid __	\$ _____	\$ _____	\$ _____
3	3	\$ __ No Bid __	\$ _____	\$ _____	\$ _____
4	4	\$ __ No Bid __	\$ _____	\$ _____	\$ _____
5	5	\$ __ 115,000 __	\$ __ 40,000 __	\$ __ 540 __	\$ __ 3100 __
6	6	\$ __ No Bid __	\$ _____	\$ _____	\$ _____
7	7	\$ __ 114,925 __	\$ __ 40,000 __	\$ __ 540 __	\$ __ 3100 __
8	8	\$ __ 89,437 __	\$ __ 35,000 __	\$ __ 540 __	\$ __ 3100 __
9	9	\$ __ No Bid __	\$ _____	\$ _____	\$ _____

Kleffner, Julie

From: Kleffner, Julie
Sent: Tuesday, October 18, 2016 10:33 AM
To: 'Abigail Chisom'
Subject: RE: A2A BAFO 2 - time dated response

The letter erroneously contained the following paragraph:

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP.

Please address the BAFO #001 Request List.

I apologize for any confusion.

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

From: Abigail Chisom [<mailto:abigail@psclebanon.org>]
Sent: Tuesday, October 18, 2016 10:08 AM
To: Kleffner, Julie
Subject: RE: A2A BAFO 2 - time dated response

I was able to open the attachments.

Abigail Chisom
Assistant Director
Laclede County Pregnancy Support Center
417-532-8555

From: Kleffner, Julie [<mailto:Julie.Kleffner@oa.mo.gov>]
Sent: Tuesday, October 18, 2016 9:29 AM
To: 'info@psclebanon.org'; 'Abigail Chisom'
Subject: A2A BAFO 2 - time dated response
Importance: High

Attached is a request for a Best and Final Offer (BAFO) request for RFPS30034901700042 for Alternatives to Abortion Program Services.

This email includes two attachments.

Please notify me by return email confirming that you received this email and that you were able to open the attachments.

Note: Your Best and Final Offer Response is requested by October 25, 2016.

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

From: Kleffner, Julie
Sent: Tuesday, September 27, 2016 1:22 PM
To: 'info@psclebanon.org'; 'Abigail Chisom'
Subject: A2A BAFO - time dated response
Importance: High

Attached is a request for a Best and Final Offer (BAFO) request for RFPS30034901700042 for Alternatives to Abortion Program Services.

This email includes two attachments.

Please notify me by return email confirming that you received this email and that you were able to open the attachments.

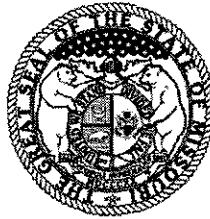
Note: Your Best and Final Offer Response is requested by October 4, 2016.

Please note I am out of the office the afternoon of September 28 until the afternoon of October 3.

Julie Kleffner, CPPB
Division of Purchasing
Harry S Truman Bldg, Room 630
Post Office Box 809
Jefferson City MO 65102-0809
Phone: 573-751-7656
Fax: 573-526-9816

Jeremiah W. (Jay) Nixon

Governor



Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TTD: (800) 735-2966 Voice: (800) 735-2466
<http://oa.mo.gov/purchasing>

Karen S. Boeger
Director

October 18, 2016

Shaun Dickerson or Abigail Chisom
Laclede County Pregnancy Support Center
Post Office Box 373
Lebanon MO 65536-0373

Via e-mail: info@psclebanon.org and Abigail@psclebanon.org

Dear Mr. Dickerson or Ms. Chisom:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising Laclede County Pregnancy Support Center the BAFO #001 request for RFPS30034901700042 was indefinitely extended. However,, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. The BAFO #001 response is due by the date specified herein for BAFO #002.

Attached hereto is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best

Shaun Dickerson or Abigail Chisom

October 18, 2016

Page 2

offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,

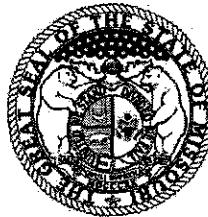


Julie Kleffner

c: Evaluation Team
RFPS30034901700042

Attachment: RFP including BAFO form

Jeremiah W. (Jay) Nixon
Governor



Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TTD: (800) 735-2966 Voice: (800) 735-2466
<http://oa.mo.gov/purchasing>

Karen S. Boeger
Director

September 27, 2016

Shaun Dickerson or Abigail Chisom
Laclede County Pregnancy Support Center
Post Office Box 373
Lebanon MO 65536-0373

Via e-mail: info@psclebanon.org and Abigail@psclebanon.org

Dear Mr. Dickerson or Ms. Chisom:

In accordance with paragraph 3.2 of RFPS30034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with Laclede County Pregnancy Support Center. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which identifies areas of concern with your proposal, areas of your proposal needing clarification, and areas of deficiency which may not comply with the requirements of the RFP. However, please understand that the State of Missouri is under no obligation to advise you of any or all of these areas and makes no claim related thereto. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

Shaun Dickerson or Abigail Chisom

September 27, 2016

Page 2

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by 5:00 p.m. Central Time on October 4, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus five (5) copies (for a total of six (6) documents) of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at julie.kleffner@oa.mo.gov. Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team
RFPS30034901700042

Attachments: Best and Final Offer Request List
RFP including BAFO #001 form

LACLEDE COUNTY PREGNANCY SUPPORT CENTER

BEST AND FINAL OFFER REQUEST LIST

BAFO NO. 001 FOR RFP RFPS30034901700042

1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:

- 1.1 Laclede County Pregnancy Support Center indicated a maximum total annual price of "\$0" for all geographic regions except Geographic Region 5, Geographic Region 7, and Geographic Region 8. Also, The Haven of Grace did not provide a price per client per month for Non-Residential Services and did not provide a price per client per month for Residential Care Services for all geographic regions except Geographic Region 5, Geographic Region 7, and Geographic Region 8.

With the BAFO response, Laclede County Pregnancy Support Center is requested to clarify if the "\$0" is a "no bid" or if the services are being provided at no cost.

- 1.2 Laclede County Pregnancy Support Center did not complete the Employee/Conflict of Interest Table found on Exhibit M of the RFP.

Paragraph 3.8.5 of the RFP requests completion of Exhibit M, Miscellaneous Information.

With your BAFO response, Laclede County Pregnancy Support Center is requested to submit the completed Employee/Conflict of Interest table.

2. VENDOR RESPONSE TO CHANGED REQUIREMENTS: Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.

- 2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, Laclede County Pregnancy Support Center is requested to indicate understanding and agreement with the inserted requirements.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 2

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/25/16

REQ NO.: NR 300 300700001

BUYER: Julie.kleffner@oa.mo.gov

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUY.S.MO.GOV](https://MISSOURIBUY.S.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)

PURCHASING

or

PO BOX 809

(Courier Service)

JEFFERSON CITY MO 65102-0809

PURCHASING

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office of Administration
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Laclede County Pregnancy Support Center	97817
MAILING ADDRESS	
P.O. Box 373	
CITY, STATE, ZIP CODE	
Lebanon, MO 65536-0373	

CONTACT PERSON	EMAIL ADDRESS
Shaun Dickerson or Abigail Chisom	info@psclebanon.org or Abigail@psclebanon.org
PHONE NUMBER	FAX NUMBER
417-532-8555	417-532-8152

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)

<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/25/2016
PRINTED NAME	TITLE
Shaun Dickerson	CEO

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STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001

BUYER: Julie.kleffner@oa.mo.gov

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

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(U.S. Mail)	(Courier Service)
PURCHASING	PURCHASING
PO BOX 809	301 WEST HIGH STREET, ROOM 630
JEFFERSON CITY MO 65102-0809	JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

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Commissioner's Office of Administration
State Capitol Building, Room 125
Jefferson City MO 65101

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SIGNATURE REQUIRED

VENDOR NAME Laclede County Pregnancy Support Center	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) 97817
MAILING ADDRESS P.O. Box 373	
CITY, STATE, ZIP CODE Lebanon, MO 65536-0373	
CONTACT PERSON Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS info@psclebanon.org Abigail@psclebanon.org
PHONE NUMBER 417-532-8555	FAX NUMBER 417-532-8152
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE 	DATE 8/19/2016
PRINTED NAME Shaun Dickerson	TITLE CEO



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 07/15/16

REQ NO.: NR 300 3000700001
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

The year for the return proposal corrected by Addendum #1

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

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HTTPS://MISSOURIBUYYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

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(U.S. Mail)	(Courier Service)
RETURN PROPOSAL TO: PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809	or PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

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MAILING ADDRESS P.O. Box 373	
CITY, STATE, ZIP CODE Lebanon, MO 65536-0373	

CONTACT PERSON Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS info@psciblebanon.org or Abigail@psciblebanon.org				
PHONE NUMBER 417-532-8555	FAX NUMBER 417-532-8152				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> State/Local Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
<u>Signature</u> 		DATE 8/19/2016			
PRINTED NAME Shaun Dickerson		TITLE CEO			

EXHIBIT A

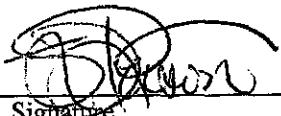
CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Shaun Dickerson, CEO

Name and Title of Authorized Representative



8/24/2016

Signature

Date

*Refer to
BACO
(4)*

PRICING PAGE, continued**Pricing Table Revised by Addendum #1**

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ 0	\$ _____	\$ _____	\$ _____
2	2	\$ 0	\$ _____	\$ _____	\$ _____
3	3	\$ 0	\$ _____	\$ _____	\$ _____
4	4	\$ 0	\$ _____	\$ _____	\$ _____
5	5	\$ 115,000	\$ 40,000	\$ 540	\$ 3100
6	6	\$ 0	\$ _____	\$ _____	\$ _____
7	7	\$ 114,925	\$ 40,000	\$ 540	\$ 3100
8	8	\$ 89,437	\$ 35,000	\$ 540	\$ 3100
9	9	\$ 0	\$ _____	\$ _____	\$ _____

Note: Let it be understood that receiving less than the maximum award will result in fewer clients being served.

EXHIBIT B**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

The Laclede County Pregnancy Support Center (LCPSC) is a non-profit organization 501 (c) (3). It was founded in 1991 for the purpose of helping women who are facing an unplanned pregnancy and assisting them to find viable alternatives to abortion and to improve their pregnancy outcomes. The LCPSC has been serving Laclede County and its neighboring counties since that time. The LCPSC is a member of the local Chamber of Commerce and has been recognized several times as an outstanding local business. It is also a member of the Alliance for Life Missouri and Heartbeat International. Governed by a Board of Directors, the LCPSC adopted its bylaws and was officially incorporated in 1994. With over 25 years in existence, it has proved its viability and sustainability.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The LCPSC has served numerous mothers through pregnancy testing, educational services, and one on one mentoring enabling them to have the healthiest and most successful pregnancies possible. Assistance in acquiring needed items for both expectant mothers and their babies is provided. The LCPSC is a pro-life organization and never has and never will perform or induce, assist in the performing or inducing of or refer for abortions. The center targets low-income families, teen mothers and single parents, but does not deny services to any person. Currently the LCPSC offers the following free services:

- Lab quality early pregnancy detection testing
- Limited ultrasounds
- Prenatal education
- Residential care for expectant and new mothers and their babies
- Pregnancy and parenting education
 - We utilize an extensive curriculum that begins at first contact and continues for one year post partum. Classes are current, relevant and individualized to each woman's needs as related to pregnancy and parenting
- Adoption, medical and other community referrals
 - We maintain an updated and extensive list of resources that are applicable to our clientele. We cooperate and maintain good working relationships with these other entities and refer our clients as needed.
- Abstinence Education presented to single individuals
- Post-Abortion support for women struggling emotionally with the after-effects of a previous abortion
- Life skills classes for new and expecting parents
- Options counseling
 - Upon their initial visit, clients are given factual information concerning all of their options concerning their pregnancy and tools to make a life-affirming choice
- Sexual health education
 - Clients are offered education regarding STD/STIs in relation to themselves and their unborn babies
 - Clients may receive information about abstinence and avoidance of risk behaviors
- Material assistance
 - We maintain an onsite resource market. The market is stocked with donated items which are distributed free of charge to clients as need indicates. Items

include, but are not limited to, items related to pregnancy, newborn care and parenting.

The website for the LCPSC is www.pregnancyhelplebanon.com

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

As a subcontractor of the Alliance for Life, the LCPSC participated in the Alternatives to Abortion program in FY2007-FY2009. In FY2010, the LCPSC bid for the Alternatives to Abortion grant as a Contractor and was awarded the grant for that year and continuing. The vendor has no other current contracts but was awarded and completed an Abstinence Education grant from 1998-2005.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
The LCPSC has maintained its contract with Alternatives to Abortion and has neither gained or lost any other contracts.
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Since 1991 the LCPSC has provided material assistance (diapers, food, formula, etc.) which allowed families to utilize their limited income for housing, utilities, etc. Families are also given life skills necessary to living independently.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Sessions are offered in relationship building. Weekly updated local employment opportunities provided. Referrals are given for the local Career Center.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies	LCPSC promotes and educates on abstinence until marriage, however does not establish annual numerical goals.
Encouraging the formation and maintenance of two-parent families	Marriage materials supplied; counseling referrals; pre-marital counseling referrals

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
The LCPSC is governed by a Board of Directors as laid out in the original Bylaws of the corporation. The property and the business of the corporation are controlled and managed by the Board. The day to day business is supervised by the CEO who is hired by and reports to the Board. This organization has no partners, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made

and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

There are no pending or final legal proceedings involving LCPSC or its employees.

EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Shaun Dickerson, CEO

Name and Title of Authorized Representative



Signature

8/24/2016

Date

EXHIBIT D**CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Laclede County Pregnancy Support Center</u> (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Laclede County Pregnancy Support Center
Address of Reference Company/Client:	P.O. Box 373, Lebanon, MO 65536
Reference Contact Person Name, Phone #, and E-mail Address:	Shaun Dickerson 417-532-8555 info@psclebanon.org Abigail Chisom 417-532-8555 abigail@psclebanon.org
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	2006 to present
If service/contract has terminated, specify reason:	N/A
Size of Service such as:	33 clients served from 1/1/2016 to date. Since LCPSC began participating in 2006, it has served 115 distinct clients including residential clients and non-residential clients.
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	Since 2006 to present, the LCPSC has served 1571 distinct clients.
Description of Services Performed, such as:	Serving pregnant females ages 12-45, their children and acknowledging fathers of baby; objective to reduce the number of abortions and improve pregnancy outcomes; providing professional and non-professional case management; mentoring; prenatal education, parenting education, life skills education; assistance with housing, utilities, referrals, and material support. Geographic area served includes Regions 5,7 and 8.
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Shaun Dickerson, CEO & Non-professional Case Manager Tammy Dickerson, Nurse Manager & Professional Case Manager Abigail Chisom, Asst. Director & Non-professional Case Manager

EXHIBIT E**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

Title of Position: Contract Representative Geographic Region(s): <u>5,7,8</u>	
Name of Person:	Abigail Chisom
Educational Degree (s): include college or university, major, and dates	Two Year Teacher Training Course 1973-1975 Saints' Academy, Sacramento, CA
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Has attended numerous seminars on unplanned pregnancy assistance, case management, adoption assistance, domestic violence and more
# of years' experience in area of service proposed to provide:	13 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Abigail has been employed by the LCPSC for 13 years and serves as the Assistant Director
Describe this person's responsibilities over the past 12 months.	Abigail oversees client services and volunteer recruiting and training. She works directly with clients and creates individualized plans for them and is responsible for creating, maintaining and updating accurate curriculum. She does non-professional case management for the LCPSC, Project Thrive and the Alternatives to Abortion program.
Previous employer(s), positions, and dates	Saints' Academy; teacher 1975-1995
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Through teacher training and years of teaching classes from K-12. Was a church youth group leader and children's choir director (1973-1995)
✓ Family/marital counseling	Working with families since 2003 on relationship issues at the LCPSC; mentoring and teaching clients on marriage and life skills
✓ Social work	
✓ Case management	Began doing case management in 2003 for LCPSC and has been involved in case management for Alternatives to Abortion since 2006
✓ Program administration	As assistant director of the LCPSC, Abigail has direct input and responsibilities relating to the oversight of the program. Since 2003 she has been involved in training volunteers and new staff. She is the person responsible for updating curriculum and resources. She is the person who maintains databases and tracks continuous quality.

EXHIBIT E, continued

Title of Position: Contract Representative Geographic Region(s): 5,7,8	
Name of Person:	Shaun Dickerson
Educational Degree (s): include college or university, major, and dates	Berean University Graduate – Licensed Minister 1993
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Has attended numerous seminars on unplanned pregnancy assistance.
# of years' experience in area of service proposed to provide:	11 years with LCPSC; 15 years with Teen Challenge of the Midlands working with troubled youth; healthy choices instructor at local schools (2002-2013); youth pastor for over 12 years working with teens
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Shaun Dickerson has been employed by the LCPSC for 11 years in varying capacities. Currently serves as CEO of the LCPSC and is a non-professional case manager.
Describe this person's responsibilities over the past 12 months.	Shaun has the oversight of the LCPSC and works closely with Tammy Dickerson, RN to assure a quality program. He also worked directly with individual clients.
Previous employer(s), positions, and dates	Previously employed by Teen Challenge over 11 years ago and was then a youth pastor for the Assemblies of God, Lebanon, MO.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Shaun is a dad and foster dad.
✓ Family/marital counseling	Shaun has done peer counseling at Teen Challenge for 15 years and with youth groups. He has done work in pre-marital counseling through church and has mentored young couples at the LCPSC.
✓ Social work	
✓ Case management	Shaun has worked as a case manager at the LCPSC for 11 years and counsels other case managers.
✓ Program administration	Shaun has been the CEO of LCPSC for almost 11 years and oversees the employees, budgets, fundraisers, creates newsletters, meets and reports to the Board of Directors and furnishes vision for the future.

EXHIBIT E, continued

Title of Position: Credentialed Case Manager Geographic Region(s): 5,7,8	
Name of Person:	Tammy Dickerson, RN
Educational Degree (s): include college or university, major, and dates	Registered Nurse ; Cox College School of Nursing; graduated 2/13/2008
License(s)/Certification(s), #(s), expiration date(s), if applicable:	2008005264
Specialized Training Completed.	RN school; Ultrasound training
# of years' experience in area of service proposed to provide:	10 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Tammy has been a professional case manager and nurse manager for LCPSC since 2006.
Describe this person's responsibilities over the past 12 months.	Tammy has done the professional case management for each client assessing needs, domestic violence, EPDS and preparing IPCPs.
Previous employer(s), positions, and dates	Currently works as a Charge Nurse at Lake Regional Hospital, Osage Beach, MO.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	Tammy is a mom and foster mom.
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	Tammy Dickerson previously worked for Teen Challenge with troubled teens.
<input checked="" type="checkbox"/> Case management	Has been a Professional Case Manager for 10 years with LCPSC and the Alternatives to Abortion program
<input checked="" type="checkbox"/> Program administration	Works as a Charge Nurse at the hospital; is Nurse Manager for LCPSC; oversees nurse training, testing and ultrasound paperwork and reports to CEO and Medical Director; oversees non-professional case managers and the development of IPCPs

Exhibit Revised by Addendum #1**EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

GEOGRAPHIC REGION 5 <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service location:	The LCPSC is located at 525 S. Washington Ave., Lebanon, Missouri, in Laclede County and is a spacious, modern facility. There are private rooms available for classes and case management as well as a "resource market". The location is easy to find yet just enough off the main commercial area to provide discretion.
Identify the satellite location(s)	n/a
Describe the geographic proximity of the services being proposed to the majority of the clients served. Lebanon, the Laclede County seat, is centrally located to the proposed service area and is commonly used for commerce, medical services and recreation by people living in the outlying rural areas. The LCPSC has always served clients from the surrounding counties as it is one of the larger towns in the area. There are five counties that are in a less than 40 mile proximity of the LCPSC. Case managers from the LCPSC will also do home visits or meet with clients at a convenient meeting place closer to the client's home.	
Describe how women initially access service and locate the service location/satellite location. Women initially access services through referrals, word of mouth, billboards or the website. Clients may locate the service location by visiting the website, seeing the sign on the building, calling and asking for directions, or locating the center address on literature they may have received. The LCPSC offers free pregnancy testing and ultrasounds therefore many women make appointments or walk-in for those services and upon pregnancy verification, may be introduced to the Alternatives to Abortion Services Program.	
GEOGRAPHIC REGION 7 <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service location:	The location for this region is 1350 Spur Drive #160, Marshfield, Missouri in Webster County. It is a storefront office in a strip mall off a main street. It is a comfortable environment with a nice lobby and reception area and private rooms available for classes and case management.
Identify the satellite location(s)	n/a
Describe the geographic proximity of the services being proposed to the majority of the clients served. Marshfield is the county seat of Webster County. It is centrally located to the proposed service area and is commonly used for commerce, medical services and recreation by people living in the outlying rural areas.	

<p>Describe how women initially access service and locate the service location/satellite location.</p> <p>Women initially access services through referrals, word of mouth, billboards or the website. Clients may locate the service location by visiting the website, seeing the sign on the building, calling and asking for directions or locating the center address on literature they may have received. The LCPSC offers free pregnancy testing and ultrasounds therefore many women make appointments or walk-in for those services and upon pregnancy verification, may be introduced to the Alternatives to Abortion Services Program.</p>	
<p style="text-align: center;">GEOGRAPHIC REGION 8</p> <p><i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i></p>	
Identify the service location:	The service location is 131 SE 2 nd St. in Ava, Missouri in Douglas County. It is easily accessible being in the downtown area. The facility is clean and comfortable with ample meeting space for case management and classes.
Identify the satellite location(s)	n/a
<p>Describe the geographic proximity of the services being proposed to the majority of the clients served.</p> <p>Ava is the county seat of Douglas County and the only incorporated town in that county. It is centrally located in Region 8. It also sits on a major state highway, MO State Highway 5.</p>	
<p>Describe how women initially access service and locate the service location/satellite location.</p> <p>Women initially access services through referrals, word of mouth, billboards or the website. Clients may locate the service location by visiting the website, seeing the sign on the building, calling and asking for directions or locating the center address on literature they may have received. The LCPSC offers free pregnancy testing and ultrasounds therefore many women make appointments or walk-in for those services and upon pregnancy verification, may be introduced to the Alternatives to Abortion Services Program.</p>	

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

<p style="text-align: center;">GEOGRAPHIC REGION 5</p> <p><i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i></p>	
<p>Describe the demographic profile of the at-risk population to be served.</p> <p>The LCPSC had 1,991 client visits in 2015 and saw 380 unique clients. Though we see a wide range of clients (ages 12-65), our average client is Caucasian, between the ages of 16-22, not college educated and with an income below the federal poverty level. Most are unmarried and lack family support. Minority populations are increasing slowly and the LCPSC strives to have a culturally diverse staff and volunteer staff. A Spanish speaking translator is available and literature is on hand for Spanish speaking clients. The LCPSC has served clients who identify as bi-sexual or lesbian and have worked to establish the best birth outcomes for them without prejudice. Every pregnant woman regardless of race, ethnicity or religious preference is treated with compassion and equal respect. Following are statistics on Laclede County and are representative of the geographic regions contained in this proposal. Statistics are from the 2014 Missouri Kids Count (www.missourikidscountdata.org).</p> <ul style="list-style-type: none"> • Laclede County (ranked #105 in state) <ul style="list-style-type: none"> ◦ 22% of births to mothers without high school diplomas ◦ 7.7% of infants born with low birth weight ◦ 66.7 per 1000 child abuse and neglect family assessments 	

- 38.7% of children in single parent families
- 9.6 per 1000 live births; infant mortality rate
- 26.9% of children under six in poverty

Describe outreach strategies for reaching the targeted population.

As aforementioned, the LCPSC serves a large number of women through its normal programming. Though any pregnant woman may apply for the Alternatives to Abortion program, it is standard for any client who expresses a desire to abort her pregnancy or who is deemed to be abortion vulnerable to be informed of the Alternatives to Abortion program and be given an opportunity to apply. Abortion vulnerable clients will also be served upon request or as determined by a credentialed case manager. The Health Department in each county will be notified that the LCPSC has been awarded a grant and will be encouraged to refer clients as applicable. The LCPSC already has a good working relationship with a number of county Health Departments. The LCPSC maintains a website that is designed to reach our target clientele and other advertising for the LCPSC includes bench ads, billboards, door hanger campaign, and local outreach events. The LCPSC utilizes materials produced by the State of Missouri to promote the Alternatives to Abortion program

GEOGRAPHIC REGION 7

(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)

Describe the demographic profile of the at-risk population to be served.

The LCPSC had 1,991 client visits in 2015 and saw 380 unique clients. We hope to enroll at least 35 women through this program throughout the year. Though we see a wide range of clients (ages 12-65), our average client is Caucasian, between the ages of 16-22, not college educated and with an income below the federal poverty level. Most are unmarried and lack family support. Minority populations are increasing slowly and the LCPSC strives to have a culturally diverse staff and volunteer staff. A Spanish speaking translator is available and literature is on hand for Spanish speaking clients. The LCPSC has served clients who identify as bi-sexual or lesbian and have worked to establish the best birth outcomes for them without prejudice. Every pregnant woman regardless of race, ethnicity or religious preference is treated with compassion and equal respect. Following are statistics on two counties that are currently served by the LCPSC and are representative of the geographic regions contained in this proposal. Statistics are from the 2014 Missouri Kids Count (www.missourikidscountdata.org).

- Webster County (ranked #87 in state)
 - 36% of births to mothers without high school diplomas
 - 5.8% of infants born with low birth weight
 - 34.7 per 1000 child abuse and neglect family assessments
 - 28.9% of children in single parent families
 - 8 per 1000 live births; infant mortality rate
 - 29.7% of children under six in poverty
- Dallas County (ranked #96 in state)
 - 30.6% of births to mothers without high school diplomas
 - 6.4% of infants born with low birth weight
 - 56.6 per 1000 child abuse and neglect family assessments
 - 22.0% of children in single parent families
 - 3.9 per 1000 live births; infant mortality rate
 - 48.1% of children under six in poverty

Describe outreach strategies for reaching the targeted population.

As aforementioned, the LCPSC serves a large number of women through its normal programming. Though any pregnant woman may apply for the Alternatives to Abortion program, it is standard for any client who expresses a desire to abort her pregnancy or who is deemed to be abortion vulnerable to be informed of the Alternatives to Abortion program and be given an

opportunity to apply. Abortion vulnerable clients will also be served upon request or as determined by a credentialed case manager. The Health Department in each county will be notified that the LCPSC has been awarded a grant and will be encouraged to refer clients as applicable. The LCPSC already has a good working relationship with a number of county Health Departments. The LCPSC maintains a website that is designed to reach our target clientele and other advertising for the LCPSC includes bench ads, billboards, door hanger campaign, and local outreach events. The LCPSC utilizes materials produced by the State of Missouri to promote the Alternatives to Abortion program.

GEOGRAPHIC REGION 8

(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)

Describe the demographic profile of the at-risk population to be served.

The LCPSC had 1,991 client visits in 2015 and saw 380 unique clients. We hope to enroll at least 35 women through this program throughout the year. Though we see a wide range of clients (ages 12-65), our average client is Caucasian, between the ages of 16-22, not college educated and with an income below the federal poverty level. Most are unmarried and lack family support. Minority populations are increasing slowly and the LCPSC strives to have a culturally diverse staff and volunteer staff. A Spanish speaking translator is available and literature is on hand for Spanish speaking clients. The LCPSC has served clients who identify as bi-sexual or lesbian and have worked to establish the best birth outcomes for them without prejudice. Every pregnant woman regardless of race, ethnicity or religious preference is treated with compassion and equal respect. Following are statistics on two counties that are currently served by the LCPSC and are representative of the geographic regions contained in this proposal. Statistics are from the 2014 Missouri Kids Count (www.missourikidscountdata.org).

- Wright County (ranked #108 in state)
 - 20.8% of births to mothers without high school diplomas
 - 6.6% of infants born with low birth weight
 - 89.9 per 1000 child abuse and neglect family assessments
 - 24.6% of children in single parent families
 - 9.9 per 1000 live births; infant mortality rate
 - 24.9% of children under six in poverty
- Douglas County (ranked #73 in state)
 - 12.9% of births to mothers without high school diplomas
 - 6.6% of infants born with low birth weight
 - 51.3 per 1000 child abuse and neglect family assessments
 - 30.0% of children in single parent families
 - 2.7 per 1000 live births; infant mortality rate
 - 23.7% of children under six in poverty

Describe outreach strategies for reaching the targeted population.

As aforementioned, the LCPSC serves a large number of women through its normal programming. Though any pregnant woman may apply for the Alternatives to Abortion program, it is standard for any client who expresses a desire to abort her pregnancy or who is deemed to be abortion vulnerable to be informed of the Alternatives to Abortion program and be given an opportunity to apply. Abortion vulnerable clients will also be served upon request or as determined by a credentialed case manager. The Health Department in each county will be notified that the LCPSC has been awarded a grant and will be encouraged to refer clients as applicable. The LCPSC already has a good working relationship with a number of county Health Departments. The LCPSC maintains a website that is designed to reach our target clientele and other advertising for the LCPSC includes bench ads, billboards, door hanger campaign, and local outreach events. The LCPSC utilizes materials produced by the State of Missouri to promote the Alternatives to Abortion program.

3. For each geographic region proposed, describe the marketing of services.

For all three geographic regions proposed, regions 5, 7 and 8, the marketing would be the same. The LCPSC serves a large number of women through its normal programming. Though any pregnant woman may apply for the Alternatives to Abortion program, it is standard for any client who expresses a desire to abort her pregnancy or who is deemed to be abortion vulnerable to be informed of the Alternatives to Abortion program and be given an immediate opportunity to apply. Abortion vulnerable clients will also be served upon request or as determined by a credentialed case manager. The Health Department in each county will be notified that the LCPSC has been awarded a grant and will be encouraged to refer clients as applicable. The LCPSC already has a good working relationship with a number of county Health Departments. The LCPSC maintains a website that is designed to reach our target clientele and other advertising for the LCPSC includes bench ads, billboards, door hanger campaign, and local outreach events. The LCPSC utilizes materials produced by the State of Missouri to promote the Alternatives to Abortion program.

Item Revised by Addendum #1

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

GEOGRAPHIC REGION 5

(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)

Identify the site where the Initial Client Intake Assessment will be conducted:
The Client Intake Assessment will be conducted at the Laclede County Pregnancy Support Center located at 525 S. Washington Ave., Lebanon, Missouri in a confidential, comfortable setting except upon a client's request for a more convenient location, at which time special arrangements will be made for her convenience or confidentiality.

Describe how client eligibility will be determined.

Eligibility is based upon a client's choice to carry her unborn child to term instead of having an abortion. She will be assessed to determine that she is a Missouri resident living at or below 185% of federal poverty level. A professional case manager will assess any risk factors related to abortion and the need for assistance to have a healthy and successful pregnancy and will obtain valid documentation as necessary.

GEOGRAPHIC REGION 7

(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)

Identify the site where the Initial Client Intake Assessment will be conducted:
The Client Intake Assessment will be conducted at 1350 Spur Drive #160, Marshfield, Missouri in a confidential, comfortable setting except upon a client's request for a more convenient location, at which time special arrangements will be made for her convenience or confidentiality.

Describe how client eligibility will be determined.

Eligibility is based upon a client's choice to carry her unborn child to term instead of having an abortion. She will be assessed to determine that she is a Missouri resident living at or below 185% of federal poverty level. A professional case manager will assess any risk factors related to abortion and the need for assistance to have a healthy and successful pregnancy and will obtain valid documentation as necessary.

GEOGRAPHIC REGION 8

(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)

Identify the site where the Initial Client Intake Assessment will be conducted:

The Client Intake Assessment will be conducted at 131 SE 2nd St., Ava, Missouri in a confidential, comfortable setting except upon a client's request for a more convenient location, at which time special arrangements will be made for her convenience or confidentiality.

Describe how client eligibility will be determined.

Eligibility is based upon a client's choice to carry her unborn child to term instead of having an abortion. She will be assessed to determine that she is a Missouri resident living at or below 185% of federal poverty level. A professional case manager will assess any risk factors related to abortion and the need for assistance to have a healthy and successful pregnancy and will obtain valid documentation as required.

5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

For all three geographic regions proposed, regions 5, 7 and 8, the case management process would be the same. Upon enrollment a client must give written consent to receive Alternatives to Abortion Program services. Within 24 hours, a professional case manager will address any urgent or emergency needs the client may have and take care of those situations immediately or as needed. Within seven days of admission, an Initial Client Assessment, including a domestic violence assessment will be made. The case manager will document the risk factors and the services needed to minimize the risk of abortion and work alongside the client to establish an individualized plan addressing specific needs and obstacles the client has related to carrying her unborn child to term. A case manager will meet a minimum of once a month with the client to assess the client's progress, to minimize the risk of abortion, to improve the pregnancy outcome and to determine if her situation has changed causing a need for modification of her individualized plan. At these meetings, the client will have liberty to make requests for additional or new services and to be a major player in deciding the goals to be set within her individualized plan. The case manager's goal will be to give the client the tools she needs to be self-sufficient.

A client is assigned a case manager who will service the needs of the client and perform all required case management responsibilities designed to minimize the risk of abortion and improve the pregnancy outcome. The case manager will arrange for at least one face to face meeting each month in either the LCPSC facility, the client's home or at another agreed upon location. Meetings will be scheduled to fit a client's individual schedule. At each regular case management appointment, the case manager and the client will reassess her current situation and any issues relating to the last visit. Both parties will actively decide on needs, goals, and actions related to achieving the client's best outcome for herself and her child. The case manager will provide referrals as needed and also educate the client on how to locate the services she needs. The client or the case manager may also initiate other meetings as needed. Each client will be provided the full contact information including address, phone number and website of the LCPSC as well as the hours of operation. Case managers will also be available on an emergency basis and may need to visit clients under special circumstances such as at the hospital or jail. Every client will be given the cell phone number of a case manager who can be contacted 24 hours a day and seven days a week in case of an emergency.

Region 5- Case management is available:

Monday and Thursday	8:30 am to 6:00 pm
Tuesday and Wednesday	8:30 am to 5:00 pm
Friday	8:45 am to 1:00 pm

Region 7- Case management is available:

Monday, Tuesday and Thursday	10:00 am to 5:00 pm
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Region 8-

Case management is available:	
Monday, Tuesday, Thursday and Friday	9:00am to 4:00 pm

Item Revised by Addendum #1

6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

The curriculum used will be identical in each awarded geographic region. Following is the information for the state mandated classes.

- **Safe Sleep for Infants-** Use the DVD "Safe Sleep for your Baby" by Community Media Partners, worksheets from Heritage House and brochures from *Eunice Kennedy Shriver National Institute of Child Health and Human Development*
- **Breastfeeding-** Use the DVD "Simply Breastfeeding" produced by www.mybabyexperts.com. Brochures come from the Missouri Department of Health and Senior Services.
- **Importance of Taking Folic Acid in the Prevention of Neural Tube Defects-** Brochures from the Missouri Department of Health and Senior Services are used.
- **Use of Substances During Pregnancy Including Alcohol, Tobacco, and Other Drugs-** Several brochures on pregnancy and drug and alcohol use are used from the Missouri Department of Health and Senior Services. Also use the DVD "You Can Quit" by InJoy Productions which discusses why and how to quit smoking.
- **Importance of Prenatal Care-** A section on understanding medical care is used from the DVD "Understanding Pregnancy" produced by InJoy Productions.
- **Immunizations-** Use the DVD "Childhood Immunizations" and accompanying worksheets produced by Heritage House (www.ewylonline.org)
- **Shaken Baby Syndrome-** Use the DVD "Elijah's Story" produced by National Center on Shaken Baby Syndrome (www.dontshake.org). Also use worksheets from Heritage House and give magnets from Missouri Department of Health and Senior Services.
- **Car Seat Safety-** Use the DVD "Simple Steps to Child Passenger Safety" produced by Living Legacy Productions and accompanied by worksheets from Heritage House.
- **Nutrition and Healthy Eating-** A section on nutrition is used from the DVD "Understanding Pregnancy" produced by InJoy Productions (InJoyVideos.com). Use worksheets from Heritage House.
- **Importance of Preconception Care-** The March of Dimes produces a two page educational handout on this subject. This is used to meet this mandate. Also use the brochure "You May Not Be Ready to Have a Baby" from the Missouri Department of Health and Senior Services.
- **The Advantages of Birth Spacing as it Relates to the Health of the Mother and Infant-** A discussion sheet is used that is produced by the Health Department of Utah (health.utah.gov/mih/pregnancy) due to its use of easily understood vocabulary.

Other Prenatal and Parenting Resources (not mandated)

The LCPSC uses the *Earn While You Learn* curriculum produced by Heritage House (www.hh76.com). These lessons are updated as needed and as new materials become available. Most of the lessons have an educational DVD, homework and informational handouts. The materials used for these lessons are produced by reputable organizations such as Parents Action for Children, Poly Health Media, National Geographic, Midwest Children's Resource Center, and the Air Force Medical Services (www.pregnancyatoz.com).

- **Parenting Classes**

Parents of newborns are shown a DVD called "The Happiest Baby" with Dr. Harvey Karp, noted pediatrician and child development expert. This DVD is excellent for teaching parents valuing and comforting skills. For those clients choosing the parenting curriculum, we offer the "1-2-3 Magic" and "More 1-2-3 Magic" programs produced by Dr. Thomas W. Phelan, an internationally renowned expert and lecturer on child discipline. (www.parentmagic.com) For clients who continue further, a ten lesson study is offered from The Center for Effective Parenting.

- **Life Skills**

Many of our clients are living on their own for the first time and have not been given the skills needed to become independent, successful parents. This curriculum offers classes in topics such as Money Management, Basics of Budgeting, Apartment Renting 101, Conflict Resolution, Time Management and more. These lessons are selected to meet an individual client's particular need. Produced by Heritage House, these lessons and the accompanying DVDs are produced by reputable entities such as Cambridge Educational, Meridian Education Corporation and others.

Secondary Classes for A2A Clients May Also Include:

The Second Trimester
The Amazing Talents of a Newborn
The Third Trimester
Getting Ready
Eye Contact Means Love
Newborn Care
Crying and Colic
Caring for Yourself After Childbirth
Post Partum Depression
Parent-Child Relationship
Quality Child Care
Communication
Emergency 1st Aid; Accidents, Part 1 & Part 2
Emergency 1st Aid; Illnesses, Part 1 & Part 2
Car Seat Safety
Your Baby Can Sleep
Discipline- Teaching Limits With Love
Food for Growth- Feeding Your Baby
Your Baby's Development
Preventing Child Molestation
The Happiest Baby- Part 1 & Part 2
Nutrition
Going It Alone
Your Developing Baby
Ultrasound
What's Safe, What Isn't
Bonding With Your Unborn Baby
Your Changing Body
Adoption (only if applicable)
Your Unborn Baby's Secret World
The First Years Last Forever
Safe From the Start
Self-Esteem for Your Child

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

The service delivery used would be identical in each geographic region proposed, regions 5, 7 and 8.

- a. Prenatal Care- If identified in a client's IPCP, the case manager will assure that the client is receiving pregnancy-related care by a licensed health care provider. The case manager will

assist the client to apply for MO HealthNet if necessary. Prenatal care will only be provided in the case that the client has been denied MO HealthNet coverage. This care will be for prenatal care and for pregnancy related conditions only. Some clients may be referred to clinics and women's centers in those counties that provide those services.

- b. Medical Care- If identified as a client need, the case manager will assure that the client is receiving medical care by a licensed health care provider. This may be related to the maintenance of health, and prevention or treatment of illness, injury, or pregnancy complications, and such services related to the prevention of abortion. Documentation will be retained in the client's record that she has applied for MO HealthNet and has either been denied coverage or the requested medical services are not MO HealthNet eligible. Referrals will be made to local clinics when applicable.
- c. Mental Health Care- If the case manager determines that the client requires mental health care counseling and treatment to assist her with management of a mental illness or condition, client and/or her child shall be referred and/or provided with counseling and treatment through a licensed/certified professional in the State of Missouri. Client will also be referred to the local Pathways program.
- d. Newborn or Infant Care- If identified as a client need, the LCPSC shall ensure the provision of newborn or infant care by a licensed medical provider as related to the maintenance of health or prevention of illness, and treatment of injury or illness for the infant in the twelve (12) months after delivery. Documentation will be retained in the client's record that she has applied for MO HealthNet for her child and has either been denied coverage or the requested medical services are not MO HealthNet eligible. Case manager shall work with client to obtain a pediatrician prior to delivery.
- e. Adoption Assistance- If a client reveals that she has an interest in adoption as a possible choice, the LCPSC case managers are well versed on the subject and have accurate information on hand. The case managers are also able to make specific referrals to a variety of agencies and will assist a client in making contact and meeting with representatives from the agency of the client's choice or legal assistance as needed.
- f. Child Care- If a client indicates that she needs child care in order to participate in services provided through the Alternatives to Abortion program, she will be assisted in applying for child care services through the Department of Social Services. Client may be assisted by the LCPSC if she is awaiting determination or has been denied for child care services and such documentation shall be retained. LCPSC maintains a state approved list of referrals for safe child care. Child care may be provided by a non live-in relative or other service provider.
- g. Clothing- The LCPSC maintains a resource market that has maternity clothing and baby clothes. However, from time to time if a client has needs that cannot be met by our market or by the local free store, the client may have clothing purchased as it relates to pregnancy, newborn care and parenting.
- h. Domestic Abuse Protection- If identified in the client's Domestic Violence Screening or later discussions as a need, the case manager will include services needed to provide the client and/or her child(ren) protection and a safe place to stay. We have a working relationship with the safe house in Lebanon, Missouri and would use them as a resource for a woman needing safe housing. Case managers may provide transportation and may accompany clients to the courthouse to assist them in completing and filing paperwork for an order of protection as needed which assures the physical and emotional safety of the client and her child(ren).
- i. Drug and Alcohol Testing and Treatment- If identified as a need, the client will be assisted in finding the proper testing and treatment. The LCPSC maintains referrals to local drug testing

facilities such as LACAB, counseling and treatment centers such as the Crescent Center and Pathways and will ensure the provision of drug and alcohol testing and treatment.

- j. Educational Services- If the client expresses a desire to further education, she will be encouraged to participate in a formal educational program to allow her to advance toward a high school diploma or equivalent, business, vocational, technical training, or college undergraduate degree. Clients needing their GED or HiSet will be referred to the Laclede Literacy Council or the Adult Education program at Ozark Technical College located in Lebanon, MO. Teen mothers who are struggling to finish their high school diplomas may be referred to the Alternative School program that is geared toward assisting the teen who needs a more specialized schedule. Clients wanting business, vocational, or technical training or desiring a college education but need funding assistance will be encouraged and assisted in making contact with one or more of the following agencies: Department of Economic Development; Department of Elementary and Secondary Education; Department of Higher Education; Department of Social Services; Community Resources; Community Action Agencies.
- k. Food- The client will be assisted in applying for food assistance through the WIC and SNAP programs. Clients will also be given referrals to local food pantries as needed. Food that has been donated to the LCPSC will also be made available as needed. The LCPSC will ensure that the client has sufficient food relating to pregnancy, newborn care, and parenting.
- l. Housing- If needed, the client will be assisted in obtaining safe and adequate housing for herself and her child(ren). The contractor will contact the following agencies in working toward providing housing: The Lebanon Housing Authority; Department of Economic Development; Department of Labor and Industrial Relations; Department of Mental Health; Community Resources; Community Action Agencies and Project Thrive.
 - o Emergency Shelter Housing is short-term housing to be provided for no more than 15 days. Emergency shelter will be provided in a licensed shelter or when a licensed shelter is full or unavailable in a particular region, a motel room will be provided.
 - o Residential Care- Residential care shall include housing, case management services, utilities, transportation, food, and group Prenatal Parent Education and Parenting Skills classes and/or training. The LCPSC will refer clients under the age of 18 to residential care facilities that are licensed by the Missouri Department of Social Services. The LCPSC maternity home has met the qualifications as required by the terms of the grant and clients will be given that facility as a viable option. A list of referrals for other residential facilities is maintained for clients who desire to locate residential housing in a different part of the state.
 - o Housing Assistance- If client need requires, the LCPSC will provide housing assistance with rent, house payments or a security deposit. This assistance will not exceed three months of assistance within a twelve month period nor will it exceed \$600 per month. Clients who continue to have a lack of funds for housing will be assisted in locating more reasonably priced or subsidized housing.
- m. Utilities- If client is not in emergency or residential housing, the LCPSC will assist the client with utilities (heating, cooling, water, basic phone service, trash and electricity) as needed. Client will first be referred to and must contact LIHEAP, MOCA, Crosslines and the Salvation Army who are local energy assistance agencies. If those agencies are out of funding, the LCPSC will assist the client no more than three times within a twelve month period.
- n. Job Training- If identified in the client's IPCP, client will be provided with job training and/or a placement program such as the Missouri Career Center, WIA or MERS/Goodwill that will facilitate or enhance her employability and/or provide such services for the father of the client's infant if he does not otherwise qualify for help. The case manager has access to current job listings and will encourage the client and the father both to seek employment. The following

agencies will be contacted for assistance: Department of Economic Development; Department of Labor and Industrial Relations; Department of Social Services.

- o. Supplies- If the client has a need, the LCPSC shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting. The LCPSC will assist with supplies that are available in its resource market, will continue to maintain working relationships with and will refer clients to local agencies that are set up to assist the client (Crosslines and The Free Store). In addition, if the case manager determines that the client is unable to provide a safe sleep environment for the client's infant, the LCPSC shall ensure that the client is provided with a Pack N' Play which meets the 2011 American Academy of Pediatric Recommendations. If an item is unavailable through the above mentioned resources, items will be purchased.
 - p. Transportation- If identified as a client need, the LCPSC shall ensure transportation for the client and the client's child(ren) is provided in order for the client and the client's child(ren) to access any services necessary. Client will be given referrals to Medicaid Transport, local public transportation and the OATS bus. Clients in regions with public transportation may be given transportation vouchers. In rural regions where there is no public transportation clients may receive gas assistance or taxi vouchers to access services related to her case.
 - q. Ultrasound Services- If identified to be a client need, the LCPSC shall ensure the client is provided with ultrasound services. Ultrasound services are normally covered by a client's medical coverage. Documentation will be obtained and retained that she has applied for MO HealthNet and has either been denied coverage or the ultrasound services are not MO HealthNet eligible before other service would be pursued.
 - r. Other Services- If the client has a need not covered specifically in a-q, , the contractor shall ensure the client is provided with other additional services related to (1) assisting the client in carrying the client's unborn child to term instead of having an abortion (2) assisting the client in caring for the client's dependent child(ren) or (3) placing the client's child for adoption or (4) assisting the client to become self-sustaining. The LCPSC help the client to exhaust any other resources for meeting the need. If none are available, the LCPSC will provide a written request utilizing Attachment 4 and will also provide documentation showing an estimate of the cost of the services. LCPSC will not provide "Other Services" without state agency approval. Payments for a client's auto loan will be limited to \$400 per month for a maximum period of three months within a twelve month period. All "Other Services" will be considered only after all other referrals and avenues of assistance are exhausted.
8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
The proposed program would be identical in each geographic region proposed, regions 5, 7 and 8.
- Through the Alternatives to Abortion program, the LCPSC is able to reach and serve needy families. Unless a client has chosen to place their child for adoption, the LCPSC will use all its resources to assist families to be able to care for their children in their own homes or in the home of relatives. The biggest obstacle for a client is usually finances and the client has a fear that she will be unable to provide all the things her child needs. The LCPSC comes alongside to assure that the client will have her basic needs met either by referring her to other entities that will provide her needs or by actually providing them for her. The client will be assured of having all things necessary related to pregnancy and newborn care.
- Often the client has not had an example in her own life of how to be a good parent. The client is given weekly classes to prepare her for her new role as a mom. She (and the father if he is willing) can learn about bonding, nurturing and providing physical care for their child(ren). The case manager will help her talk through her home situation and may from time to time do home visits. Clients are taught life skills such as how to maintain a healthy and safe home in which to provide and care for their children.

If a family finds themselves in a sudden life change such as becoming unemployed, the LCPSC can provide a temporary safety net by insuring that the rent, utilities, car payments and other necessary things are kept current. They are also provided the resources and referrals needed to once again become self-sufficient.

9. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
The proposed program would be identical in each geographic region proposed, regions 5, 7 and 8.

Case managers work on goals both long term and short term with each client. Self-sustainability is sometimes a foreign concept to the clients. They have not been encouraged to work to better themselves or to even consider that they *might* be able to become self-supporting. The LCPSC encourages every client to obtain a high school diploma or a GED if they do not have one. Clients are provided with referrals to the Career Center and other job related programs so that they will receive the assistance they need to become employable. The case manager plays a key role in providing accountability, encouraging progress and giving constructive feedback for positive actions.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

The proposed program would be identical in each geographic region proposed, regions 5, 7 and 8.

The LCPSC promotes healthy lifestyle and sexual integrity. Clients are encouraged to make good choices and are educated in the areas of abstinence, marriage and birth spacing and planning. The LCPSC does not maintain numerical goals as this is not its primary service or function.

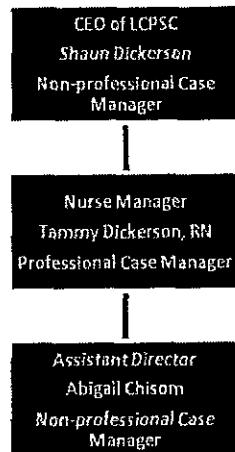
11. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

The proposed program would be identical in each geographic region proposed, regions 5, 7 and 8.

The LCPSC works with couples who are expecting, teaching moms and dads together. Literature is available to illustrate the importance of a father and a mother in a child's life. Case managers assist parents to work on a plan for parenting whether they have decided to stay together or separate. Referrals are available for family counseling and premarital counseling.

12. Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.



13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

Services of the contract will be initiated by the case managers as deemed necessary through the IPCP. Professional case manager will supervise all services and through the CQI and annual report, assure that services are satisfactorily completed to the benefit of the client and the State of Missouri. Shaun Dickerson, CEO, and Abigail Chisom, Assistant Director, will be the persons responsible for reviewing the terms of the contract to assure that all requirements are accomplished.

- Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

Shaun Dickerson, the CEO of the LCPSC, is the overall supervisor of the entire facility and all details concerning its continued smooth operation. Mr. Dickerson is the person who has the oversight of all employees, record management and policy enforcement. Mr. Dickerson is also equipped to do case management as needed. Tammy Dickerson, RN has the oversight of actual implementation of the program overseeing the broad details and assuring that services are performed in a professional, accurate and ethical manner. She takes responsibility for initial assessments and makes recommendations to the case managers on a case by case level. Abigail Chisom is a full time member of the staff who does most of the daily case management and reports to Mrs. Dickerson in connection to the IPCP and CQI of each client. The LCPSC has other employees and a highly trained volunteer staff of twenty that is able to serve the center's clients who are not enrolled in the Alternatives to Abortion program thereby leaving the staff case managers free to concentrate on the Alternatives to Abortion service program. The LCPSC has efficiently served the community for over 25 years and has demonstrated a capability to provide every client with respect, courtesy and the services that they need.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

Shaun Dickerson, the CEO of the LCPSC, is the overall supervisor of the entire facility and all details concerning its continued smooth operation. Mr. Dickerson is the person who has the

oversight of all employees, record management and policy enforcement. Mr. Dickerson is also equipped to do case management as needed. Tammy Dickerson, RN has the oversight of actual implementation of the program overseeing the broad details and assuring that services are performed in a professional, accurate and ethical manner. She takes responsibility for initial assessments and makes recommendations to the case managers on a case by case level. Abigail Chisom is a full time member of the staff who does most of the daily case management and reports to Mrs. Dickerson in connection to the IPCP and CQI of each client. The LCPSC has other employees and a highly trained volunteer staff of twenty that is able to serve the center's clients who are not enrolled in the Alternatives to Abortion program thereby leaving the staff case managers free to concentrate on the Alternatives to Abortion service program. The LCPSC has efficiently served the community for over 25 years and has demonstrated a capability to provide every client with respect, courtesy and the services that they need.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

The economic impact to be returned to the State of Missouri is tax revenue obligations through state taxable employee income. One major goal is to assist our clients to become productive citizens of the community through education and job training. We hope to guide them to independence and they in turn will become taxpayers and contributing members of the state. This also enables the clients to support themselves and discontinue receiving state assistance alleviating the financial burden on the State of Missouri.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

The LCPSC is a not for profit corporation and maintains a service oriented facility that includes counseling rooms and class rooms. There is also a residential wing of the facility where pregnant women are housed when no other safe housing is available. These two facilities together employ five employees.

Item Inserted by Addendum #1

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1	n/a	
2	n/a	
3	n/a	
4	n/a	
5	25	3
6	n/a	
7	15	6
8	15	
9	n/a	3

EXHIBIT G**IMPLEMENTATION OR READINESS PLAN**

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

Statement of Readiness- The LCPSC has been functioning as an Alternatives to Abortion provider for several years including 2016. The staffing is in place and will be ready to perform services on day one of grant award.

EXHIBIT HCLIENT SCENARIO

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

* * * * *

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

Narrative: Jessica will be invited to come in for an initial assessment with a professional case manager. Since Jessica lives 15 miles away from our facility it will be determined if there is another Alternatives to Abortion provider in closer proximity to her home or if she is receiving Alternatives to Abortion program services from another provider. If she chooses to proceed with applying for services, the professional case manager will determine Jessica's eligibility. Jessica is a Missouri resident and it is determined that she meets the 185% of federal poverty level. She has also brought in a pregnancy verification that she obtained earlier from a nurse at the LCPSC. The professional case manager will make copies of Jessica's driver's license, Medicaid card and will obtain her Social Security number. These will be placed in Jessica's client folder which will ultimately be placed in a locked file cabinet and maintained for five years minimum.

Having determined Jessica's eligibility, the professional case manager will enroll her into the program obtaining Jessica's written consent on the Individual Risk and Needs Assessment Form. The professional case manager will proceed to complete the Individual Risk and Needs Assessment. Though it is allowable to do within a seven day period, due to Jessica's lack of transportation, the professional case manager decides to also conduct the Initial Client Assessment and a domestic violence screening with Jessica in order to document risk factors and services needed to minimize the risk of abortion and to complete the pregnancy. Jessica will be assigned a case manager and will be provided with contact information for office hours and for the case manager's phone which is available for calls 24 hours a day and 7 days a week in the event of an emergency. Jessica has no immediate needs but is given assistance to apply for WIC, LIHEAP and SNAP. Jessica makes an appointment to return in one week to continue case management and begin Prenatal and Parent Education and Parenting Skills Training. Jessica will also ask the father of the baby if he will attend classes with her.

Jessica returns alone in one week and brings with her the documentation to show that she applied for WIC, SNAP, and LIHEAP. These will be placed in Jessica's client folder and maintained for five years minimum. She has begun receiving WIC vouchers but the other programs are pending. Jessica does a class on the importance of taking folic acid in the prevention of neural tube defects and the session is followed by case management. She is informed again that she will be required

to attend a minimum of one monthly case management visit while enrolled in the Alternatives to Abortion program. At each visit she and her case manager will work on addressing her Individual Risk and Needs Assessment to identify and address urgent issues. Visits may also include identification of specific measurable objectives and strategies for client education regarding available services and support systems. The case manager will also identify and provide referrals for additional client services that are needed by the client and outcome goals for those referrals.

At one visit Jessica is given some referrals for rent assistance as she may need assistance soon since neither she nor her boyfriend is working. The case manager also discussed the benefits of moving into town since she is dependent on friends and family for transportation. Moving to town would bring her closer to school, doctors and the LCPSC. Jessica isn't sure but takes referrals for income based housing in town. During future case management visits, Jessica and her case manager will work on a budget to include saving for a car and other transportation costs. Today Jessica's case manager refers Jessica to the WIA program at the local career center. This program can provide financial assistance to Jessica if she proceeds with her plan to attend college.

In future case management sessions Jessica receives rent and utility assistance twice as all other agencies are out of funding. She is helped to obtain FAFSA so she may apply for college and begin to pursue her career as a nurse. Jessica and her boyfriend want to know more about adoption and her case worker provides referrals to several good agencies. A meeting with an adoption worker is scheduled. Jessica continues to attend Prenatal Parent Education and Parenting Skills Training and the father of the baby attends sporadically. Her case manager provides job referrals to the young man but he doesn't appear to make much effort to find employment.

After meeting with the adoption worker, the boyfriend pressures Jessica to place the baby for adoption but she has decided to keep her baby. She believes with her new found support system she will be able to parent her baby and still pursue her schooling. The boyfriend has decided that he doesn't want to be a part of Jessica's or the baby's lives. With her case manager's assistance she makes the decision to apply for income based housing. She is accepted and her housing deposit of \$575 and her utility deposit of \$100 are paid through the Alternatives to Abortion grant. In the future her rent will be subsidized by the Housing Authority and she will also receive some utility assistance from LIHEAP. Her case manager encourages her to look for part-time work for other expenditures and once again refers her to the career center.

In preparation for the arrival of Jessica's baby, she will be able to gather baby clothing and furnishings through the LCPSC resource market, the local free store and other community options. The case manager will assure that Jessica's baby will have a safe sleep environment and finding nothing available, purchases Jessica a Pack and Play approved by the 2011 American Academy of Pediatrics Recommendations. She also purchases a car seat and stroller since she has no car and will walk to some places. Jessica is able to get part time work at McDonalds but is still struggling financially and will need help with essential items for her baby and those would be purchased for her after all other sources have been exhausted.

Ultimately Jessica and her case manager's goals are for her to have a positive birth outcome and to complete LPN school enabling her to provide for herself and her child. Her case manager will support and help Jessica focus on her goals but Jessica knows she is the only one who can see her goals accomplished. The case manager meets with her an average of every two weeks and has been committed to reworking Jessica's personalized plan and resetting goals as Jessica's situation changes. The case manager is committed to adjusting the plan as needed and finding the best possible way for Jessica to succeed.

It is assumed that the fictional client, Jessica, will stay in the program until she is one year post-partum. Given this information, along with the fact that she is currently 6 weeks pregnant, the

LCPSC could reasonably expect to serve this client for 88 weeks or about 22 months. For our purposes here, only the first year's expenses will be explored. Our professional case manager would meet with Jessica for her initial paperwork, approximately five months later and again after the baby's birth and eight weeks later to perform a post-partum depression screening adding up to approximately four professional case management sessions. Based on a goal of meeting weekly for prenatal and parenting skills classes, we would expect our educator to meet approximately 47 times (90% attendance rate) with this client. Jessica's case manager would expect to meet at least twice a month and possibly a couple of extra visits to address urgent or unexpected needs averaging about 36 case management visits over the course of her time in the Alternatives to Abortion Services Program.

Jessica will need help with transportation. Because this is a rural area, buses are not an option. Until she can save up for a car, Jessica will rely on friends and family, the OATS bus, Medicaid transport or a taxi. It is likely that Jessica would need at least \$900 in transportation assistance for school, work, classes and medical appointments (based \$10 per round trip with 50 LCPSC visits at and 20 trips to school and job interviews).

12 month analysis

Professional Case Management	5 visits @ \$45	\$ 225.00
Parenting Classes	47 visits@ \$25	\$1175.00
Case Management	36 visits @ \$25	\$ 900.00
Rent and Rent Deposit		\$1725.00
Transportation		\$ 700.00
Utility Assistance		\$ 650.00
Supplies		
Car seat with stroller		\$ 150.00
Pack N Play		\$ 100.00
Miscellaneous (diapers, etc.)		\$ 275.00
Subtotal		\$5900.00
Administrative cost (10%)		\$ 590.00
Total cost		\$6490.00

Total price: \$6490 per year (provide a price analysis)
 Total price: \$540 per month (provide a price analysis)

Exhibit I and Exhibit J

The Laclede County Pregnancy Support Center will not be participating in the MBE/WBE and or an Organization for the Blind/Sheltered Workshop and or SDVE.

EXHIBIT K**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A: To be completed by a non-business entity as defined below.

BOX B: To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.

BOX C: To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; OR
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT K, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;
AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT K, continued**AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now _____ (Name of Business Entity Authorized Representative) as _____ (Position/Title) first being duly sworn on my oath, affirm _____ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that _____ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

E-Verify Company ID Number

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)
_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary

Date

EXHIBIT K, continued

(Complete the following if you have the E-Verify documentation and current Affidavit of Work Authorization affidavit on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Laclede County Pregnancy Support Center (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University* to Which Previous E-Verify Documentation Submitted: Office of Administration

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 6/14/2012

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: C312062005 (if known)

Shaun Dickerson

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Laclede County Pregnancy Support Center

Business Entity Name

8/24/2016

Date

shaun@psclebanon.org Abigail@psclebanon.org

E-Mail Address

158089

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

John Keffler
Buyer

1-23-17

Date

EXHIBIT L

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Laclede County Pregnancy Support Center

834168775

Company Name

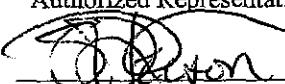
DUNS # (if known)

Shaun Dickerson

CEO

Authorized Representative's Printed Name

Authorized Representative's Title


Shaun Dickerson

8/16/2016

Authorized Representative's Signature

Date

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

EXHIBIT M**MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, mark the appropriate exemption below, and provide the requested details: 1. <input type="checkbox"/> Unique good or service. • EXPLAIN: _____ 2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country. • Identify foreign country: _____ 3. <input type="checkbox"/> Economic cost factor exists • EXPLAIN: _____ 4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ____% • Specify what contract work would be performed outside the United States: _____		

Employee/Conflict of Interest:

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____ %

EXHIBIT M, continued**Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00050802	Laclede County Pregnancy Support Center
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

**STATE OF MISSOURI
DIVISION OF PURCHASING
TERMS AND CONDITIONS – REQUEST FOR PROPOSAL**

1. TERMINOLOGY/DEFINITIONS

Whenever the following words and expressions appear in a Request for Proposal (RFP) document or any addendum thereto, the definition or meaning described below shall apply.

- a. **Agency and/or State Agency** means the statutory unit of state government in the State of Missouri for which the equipment, supplies, and/or services are being purchased by the Division of Purchasing (Purchasing). The agency is also responsible for payment.
- b. **Addendum** means a written, official modification to an RFP.
- c. **Amendment** means a written, official modification to a contract.
- d. **Attachment** applies to all forms which are included with an RFP to incorporate any informational data or requirements related to the performance requirements and/or specifications.
- e. **Proposal End Date and Time** and similar expressions mean the exact deadline required by the RFP for the receipt of sealed proposals.
- f. **Vendor** means the supplier, offeror, person, or organization that responds to an RFP by submitting a proposal with prices to provide the equipment, supplies, and/or services as required in the RFP document.
- g. **Buyer** means the procurement staff member of Purchasing. The Contact Person as referenced herein is usually the Buyer.
- h. **Contract** means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of equipment, supplies, and/or services.
- i. **Contractor** means a supplier, offeror, person, or organization who is a successful vendor as a result of an RFP and who enters into a contract.
- j. **Exhibit** applies to forms which are included with an RFP for the vendor to complete and submit with the sealed proposal prior to the specified end date and time.
- k. **Request for Proposal (RFP)** means the solicitation document issued by Purchasing to potential vendors for the purchase of equipment, supplies, and/or services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Addendums thereto.
- l. **May** means that a certain feature, component, or action is permissible, but not required.
- m. **Must** means that a certain feature, component, or action is a mandatory condition.
- n. **Pricing Page(s)** applies to the form(s) on which the vendor must state the price(s) applicable for the equipment, supplies, and/or services required in the RFP. The pricing pages must be completed and submitted by the vendor with the sealed proposal prior to the specified proposal end date and time.
- o. **RSMo (Revised Statutes of Missouri)** refers to the body of laws enacted by the Legislature which govern the operations of all agencies of the State of Missouri. Chapter 34 of the statutes is the primary chapter governing the operations of Purchasing.
- p. **Shall** has the same meaning as the word must.
- q. **Should** means that a certain feature, component and/or action is desirable but not mandatory.

2. APPLICABLE LAWS AND REGULATIONS

- a. The contract shall be construed according to the laws of the State of Missouri. The contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the contract is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated by consent of both the contractor and Purchasing.
- c. The contractor must be registered and maintain good standing with the Secretary of State of the State of Missouri and other regulatory agencies, as may be required by law or regulation.
- d. The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the RFP or resulting contract shall be in the Circuit Court of Cole County, Missouri.
- f. The contractor shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and Executive Order 07-13 for work performed in the United States.

3. OPEN COMPETITION/REQUEST FOR PROPOSAL DOCUMENT

- a. It shall be the vendor's responsibility to ask questions, request changes or clarification, or otherwise advise Purchasing if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. Any and all communication from vendors regarding specifications, requirements, competitive proposal process, etc., must be directed to the buyer from Purchasing, unless the RFP specifically refers the vendor to another contact. Such e-mail, fax, or phone communication should be received at least ten calendar days prior to the official proposal end date.
- b. Every attempt shall be made to ensure that the vendor receives an adequate and prompt response. However, in order to maintain a fair and equitable procurement process, all vendors will be advised, via the issuance of an addendum to the RFP, of any relevant or pertinent information related to the procurement. Therefore, vendors are advised that unless specified elsewhere in the RFP, any questions received less than ten calendar days prior to the RFP end date may not be answered.
- c. Vendors are cautioned that the only official position of the State of Missouri is that which is issued by Purchasing in the RFP or an addendum thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- d. Purchasing monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among vendors, price-fixing by vendors, or any other anticompetitive conduct by vendors which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.
- e. The RFP is available for viewing and downloading on the MissouriBUYS Statewide eProcurement System. Registered vendors are electronically notified of those proposal opportunities that match the commodity codes for which the vendor registered in MissouriBUYS. If a registered vendor's e-mail address is incorrect, the vendor must update the e-mail address themselves on the state's MissouriBUYS Statewide eProcurement System at <https://missouribuys.mo.gov/>.
- f. Purchasing reserves the right to officially amend or cancel an RFP after issuance. It shall be the sole responsibility of the vendor to monitor the MissouriBUYS Statewide eProcurement System to obtain a copy of the addendum(s). Registered vendors who received e-mail notification of the proposal opportunity when the RFP was established and registered vendors who have responded to the RFP on-line prior to an addendum being issued should receive e-mail notification of the addendum(s). Registered vendors who received e-mail notification of the proposal opportunity when the RFP

was established and registered vendors who have responded to the proposal on-line prior to a cancellation being issued should receive e-mail notification of a cancellation issued prior to the exact end date and time specified in the RFP.

4. PREPARATION OF PROPOSALS

- a. Vendors must examine the entire RFP carefully. Failure to do so shall be at the vendor's risk.
- b. Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.
- c. Unless otherwise specifically stated in the RFP, any manufacturer names, trade names, brand names, information and/or catalog numbers listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. The vendor may offer any brand which meets or exceeds the specification for any item, but must state the manufacturer's name and model number for any such brands in the proposal. In addition, the vendor shall explain, in detail, (1) the reasons why the proposed equivalent meets or exceeds the specifications and/or requirements and (2) why the proposed equivalent should not be considered an exception thereto. Proposals which do not comply with the requirements and specifications are subject to rejection without clarification.
- d. Proposals lacking any indication of intent to offer an alternate brand or to take an exception shall be received and considered in complete compliance with the specifications and requirements as listed in the RFP.
- e. In the event that the vendor is an agency of state government or other such political subdivision which is prohibited by law or court decision from complying with certain provisions of an RFP, such a vendor may submit a proposal which contains a list of statutory limitations and identification of those prohibitive clauses. The vendor should include a complete list of statutory references and citations for each provision of the RFP, which is affected by this paragraph. The statutory limitations and prohibitive clauses may (1) be requested to be clarified in writing by Purchasing or (2) be accepted without further clarification if the statutory limitations and prohibitive clauses are deemed acceptable by Purchasing. If Purchasing determines clarification of the statutory limitations and prohibitive clauses is necessary, the clarification will be conducted in order to agree to language that reflects the intent and compliance of such law and/or court order and the RFP.
- f. All equipment and supplies offered in a proposal must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered.
- g. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified in the RFP.
- h. Proposals, including all prices therein, shall remain valid for 90 days from proposal opening or Best and Final Offer (BAFO) submission unless otherwise indicated. If the proposal is accepted, the entire proposal, including all prices, shall be firm for the specified contract period.
- i. Any foreign vendor not having an Employer Identification Number assigned by the United States Internal Revenue Service (IRS) must submit a completed IRS Form W-8 prior to or with the submission of their proposal in order to be considered for award.

5. SUBMISSION OF PROPOSALS

- a. Registered vendors may submit proposals electronically through the MissouriBUYS Statewide eProcurement System at <https://missouribuys.mo.gov/> or by delivery of a hard copy to the Purchasing office. Vendors that have not registered on the MissouriBUYS Statewide eProcurement System may submit proposals hard copy delivered to the Purchasing office. Delivered proposals must be sealed in an envelope or container, and received in the Purchasing office located at 301 West High St, Rm 630 in Jefferson City, MO no later than the exact end date and time specified in the RFP. All proposals must (1) be submitted by a duly authorized representative of the vendor's organization, (2) contain all information required by the RFP, and (3) be priced as required. Hard copy proposals may be mailed to the Purchasing post office box address. However, it shall be the responsibility of the vendor to ensure their proposal is in the Purchasing office (address listed above) no later than the exact end date and time specified in the RFP.
- b. The sealed envelope or container containing a proposal should be clearly marked on the outside with (1) the official RFP number and (2) the official end date and time. Different proposals should not be placed in the same envelope, although copies of the same proposal may be placed in the same envelope.
- c. A proposal submitted electronically by a registered vendor may be modified on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing office may be modified by signed, written notice which has been received by Purchasing prior to the official end date and time specified. A proposal may also be modified in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to modify a proposal shall not be honored.
- d. A proposal submitted electronically by a registered vendor may be retracted on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing may only be withdrawn by a signed, written document on company letterhead transmitted via mail, e-mail, or facsimile which has been received by Purchasing prior to the official end and time specified. A proposal may also be withdrawn in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to withdraw a proposal shall not be honored.
- e. A proposal may also be withdrawn after the proposal opening through submission of a written request by an authorized representative of the vendor. Justification of withdrawal decision may include a significant error or exposure of proposal information that may cause irreparable harm to the vendor.
- f. When submitting a proposal electronically, the registered vendor indicates acceptance of all RFP requirements, terms and conditions by clicking on the "Accept" button on the Overview tab. Vendors delivering a hard copy proposal to Purchasing must sign and return the RFP cover page or, if applicable, the cover page of the last addendum thereto in order to constitute acceptance by the vendor of all RFP requirements, terms and conditions. Failure to do so may result in rejection of the proposal unless the vendor's full compliance with those documents is indicated elsewhere within the vendor's response.
- g. Faxed proposals shall not be accepted. However, faxed and e-mail no-bid notifications shall be accepted.

6. PROPOSAL OPENING

- a. Proposal openings are public on the end date and at the opening time specified on the RFP document. Only the names of the respondents shall be read at the proposal opening. All vendors may view the same proposal response information on the MissouriBUYS Statewide eProcurement System. The contents of the responses shall not be disclosed at this time.
- b. Proposals which are not received in the Purchasing office prior to the official end date and time shall be considered late, regardless of the degree of lateness, and normally will not be opened. Late proposals may only be opened under extraordinary circumstances in accordance with 1 CSR 40-1.050.

7. PREFERENCES

- a. In the evaluation of proposals, preferences shall be applied in accordance with chapter 34, RSMo, other applicable Missouri statutes, and applicable Executive Orders. Contractors should apply the same preferences in selecting subcontractors.
- b. By virtue of statutory authority, a preference will be given to materials, products, supplies, provisions and all other articles produced, manufactured, mined, processed or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals. Such preference shall be given when quality is equal or better and delivered price is the same or less.

- c. In accordance with Executive Order 05-30, contractors are encouraged to utilize certified minority and women-owned businesses in selecting subcontractors.

8. EVALUATION/AWARD

- a. Any clerical error, apparent on its face, may be corrected by the buyer before contract award. Upon discovering an apparent clerical error, the buyer shall contact the vendor and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. Examples of apparent clerical errors are: 1) misplacement of a decimal point; and 2) obvious mistake in designation of unit.
- b. Any pricing information submitted by a vendor shall be subject to evaluation if deemed by Purchasing to be in the best interest of the State of Missouri.
- c. The vendor is encouraged to propose price discounts for prompt payment or propose other price discounts that would benefit the State of Missouri. However, unless otherwise specified in the RFP, pricing shall be evaluated at the maximum potential financial liability to the State of Missouri.
- d. Awards shall be made to the vendor whose proposal (1) complies with all mandatory specifications and requirements of the RFP and (2) is the lowest and best proposal, considering price, responsibility of the vendor, and all other evaluation criteria specified in the RFP and any subsequent negotiations and (3) complies with chapter 34, RSMo, other applicable Missouri statutes, and all applicable Executive Orders.
- e. In the event all vendors fail to meet the same mandatory requirement in an RFP, Purchasing reserves the right, at its sole discretion, to waive that requirement for all vendors and to proceed with the evaluation. In addition, Purchasing reserves the right to waive any minor irregularity or technicality found in any individual proposal.
- f. Purchasing reserves the right to reject any and all proposals.
- g. When evaluating a proposal, the State of Missouri reserves the right to consider relevant information and fact, whether gained from a proposal, from a vendor, from vendor's references, or from any other source.
- h. Any information submitted with the proposal, regardless of the format or placement of such information, may be considered in making decisions related to the responsiveness and merit of a proposal and the award of a contract.
- i. Negotiations may be conducted with those vendors who submit potentially acceptable proposals. Proposal revisions may be permitted for the purpose of obtaining best and final offers. In conducting negotiations, there shall be no disclosure of any information submitted by competing vendors.
- j. Any award of a contract shall be made by notification from Purchasing to the successful vendor. Purchasing reserves the right to make awards by item, group of items, or an all or none basis. The grouping of items awarded shall be determined by Purchasing based upon factors such as item similarity, location, administrative efficiency, or other considerations in the best interest of the State of Missouri.
- k. Pursuant to section 610.021, RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected.
- l. Purchasing posts all proposal results on the MissouriBUYS Statewide eProcurement System for all vendors to view for a reasonable period after proposal award and maintains images of all proposal file material for review. Vendors who include an e-mail address with their proposal will be notified of the award results via e-mail.
- m. Purchasing reserves the right to request clarification of any portion of the vendor's response in order to verify the intent of the vendor. The vendor is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.
- n. Any proposal award protest must be received within ten (10) business days after the date of award in accordance with the requirements of 1 CSR 40-1.050 (9).
- o. The final determination of contract(s) award shall be made by Purchasing.

9. CONTRACT/PURCHASE ORDER

- a. By submitting a proposal, the vendor agrees to furnish any and all equipment, supplies and/or services specified in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the RFP, addendums thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) the contractor's proposal including any contractor BAFO response(s), (3) clarification of the proposal, if any, and (4) Purchasing's acceptance of the proposal by "notice of award" or by "purchase order." All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.
- c. A notice of award issued by the State of Missouri does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services for the State of Missouri, the contractor must receive a properly authorized purchase order or other form of authorization given to the contractor at the discretion of the state agency.
- d. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of the contractor and Purchasing or by a modified purchase order prior to the effective date of such modification. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

10. INVOICING AND PAYMENT

- a. The State of Missouri does not pay state or federal taxes unless otherwise required under law or regulation.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. For each purchase order received, an invoice must be submitted that references the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of Purchasing.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears unless otherwise indicated in the RFP.
- e. The State of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered. Any unauthorized quantity is subject to the state's rejection and shall be returned at the contractor's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the State of Missouri shall be subject to late payment charges as provided in section 34.055, RSMo.
- g. The State of Missouri reserves the right to purchase goods and services using the state purchasing card.

11. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

12. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received by an agency of the state pursuant to a contract shall be deemed accepted until the agency has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- c. The State of Missouri reserves the right to return any such rejected shipment at the contractor's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The State of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the state may have.

13. WARRANTY

- a. The contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by Purchasing, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.
- b. Such warranty shall survive delivery and shall not be deemed waived either by reason of the state's acceptance of or payment for said equipment, supplies, and/or services.

14. CONFLICT OF INTEREST

- a. Elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.452 and 105.454, RSMo, regarding conflict of interest.
- b. The contractor hereby covenants that at the time of the submission of the proposal the contractor has no other contractual relationships which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which create such a conflict.

15. REMEDIES AND RIGHTS

- a. No provision in the contract shall be construed, expressly or implied, as a waiver by the State of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the State of Missouri of the contractor's default or breach of contract.
- b. The contractor agrees and understands that the contract shall constitute an assignment by the contractor to the State of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the contractor in the fulfillment of the contract with the State of Missouri.

16. CANCELLATION OF CONTRACT

- a. In the event of material breach of the contractual obligations by the contractor, Purchasing may cancel the contract. At its sole discretion, Purchasing may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the contractor must provide Purchasing within 10 working days from notification a written plan detailing how the contractor intends to cure the breach.
- b. If the contractor fails to cure the breach or if circumstances demand immediate action, Purchasing will issue a notice of cancellation terminating the contract immediately. If it is determined Purchasing improperly cancelled the contract, such cancellation shall be deemed a termination for convenience in accordance with the contract.
- c. If Purchasing cancels the contract for breach, Purchasing reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the contract from other sources and upon such terms and in such manner as Purchasing deems appropriate and charge the contractor for any additional costs incurred thereby.
- d. The contractor understands and agrees that funds required to fund the contract must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the contract period. The contract shall not be binding upon the state for any period in which funds have not been appropriated, and the state shall not be liable for any costs associated with termination caused by lack of appropriations.

17. COMMUNICATIONS AND NOTICES

Any notice to the vendor/contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the vendor/contractor.

18. BANKRUPTCY OR INSOLVENCY

- a. Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor must notify Purchasing immediately.
- b. Upon learning of any such actions, Purchasing reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

19. INVENTIONS, PATENTS AND COPYRIGHTS

The contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the contractor's performance or products produced under the terms of the contract.

20. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age,

disability, or veteran status unless otherwise provided by law. If the contractor or subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- a. A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- c. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements; and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a contractor is found to exist, Purchasing shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by Purchasing until corrective action by the contractor is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

21. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

22. FILING AND PAYMENT OF TAXES

The commissioner of administration and *other agencies to which the state purchasing law applies* shall not contract for goods or services with a vendor if the vendor or an affiliate of the vendor makes sales at retail of tangible personal property or for the purpose of storage, use, or consumption in this state but fails to collect and properly pay the tax as provided in chapter 144, RSMo. For the purposes of this section, "affiliate of the vendor" shall mean any person or entity that is controlled by or is under common control with the vendor, whether through stock ownership or otherwise. Therefore the vendor's failure to maintain compliance with chapter 144, RSMo, may eliminate their proposal from consideration for award.

23. TITLES

Titles of paragraphs used herein are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.

Revised 10-19-15

Attachments

The attachments are separate links that must be downloaded separately from the MissouriBUYS Statewide eProcurement System at: <https://missouribuys.mo.gov/bidboard.html>.

Attachment 1
Geographic Regions

GEOGRAPHIC REGION	COUNTIES		
Geographic Region 1	Andrew Atchison Buchanan Caldwell Clinton	Daviess DeKalb Gentry Grundy Harrison	Holt Livingston Mercer Nodaway Worth
Geographic Region 2	Adair Chariton Clark Knox Lewis Linn	Macon Marion Monroe Putnam Ralls Randolph	Schuyler Scotland Shelby Sullivan
Geographic Region 3	Bates Benton Carroll Cass Clay	Henry Jackson Johnson Lafayette Pettis	Platte Ray Saline
Geographic Region 4	Audrain Boone Callaway Camden Cole	Cooper Gasconade Howard Miller Moniteau	Montgomery Morgan Osage
Geographic Region 5	Crawford Dent	Laclede Maries	Phelps Pulaski
Geographic Region 6	Franklin Jefferson Lincoln Perry	Pike St. Charles St. Francois St. Louis City	St. Louis County Ste. Genevieve Warren Washington
Geographic Region 7	Barry Barton Cedar Christian Dade Dallas	Greene Hickory Jasper Lawrence McDonald Newton	Polk St. Clair Stone Taney Vernon Webster
Geographic Region 8	Carter Douglas Howell Oregon	Ozark Reynolds Ripley Shannon	Texas Wright
Geographic Region 9	Bollinger Butler Cape Girardeau Dunklin	Iron Madison Mississippi New Madrid	Perinscot Scott Stoddard Wayne

ATTACHMENT 2
MINOR PARENT INCOME DETERMINATION FORMULA

NOTE: The "minor parent's parent" will be referred to as the "major parent".

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

NOTE: Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

NOTE: DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
 - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 3A) for the major parent and their dependents in the household (do not include the minor parent and child).
 - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
 - 2) A \$90 work expense standard for each employed major parent.
 - 3) An amount equal to the full need standard (see Attachment 3A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

EXAMPLE: Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$$\$3,000 - 1,675 \text{ (100\% of the Federal Poverty Level for 3)} = 1,325$$

$$\$1,325 - \$90 = 1,235$$

$$\$1,235 - \$846 \text{ (full need standard for 3)} = \$389$$

\$389 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

ATTACHMENT 2A
2015 INCOME GUIDELINES

Monthly Income Limits:											
# of Persons	1	2	3	4	5	6	7	8	9	10	11
185% of Poverty	\$1,815	\$2,456	\$3,098	\$3,739	\$4,380	\$5,022	\$5,663	\$6,304	\$6,946	\$7,587	\$8,228

Major Parent Deeming:											
# of Persons	1	2	3	4	5	6	7	8	9	10	11
100% of Poverty	\$981	\$1,328	\$1,675	\$2,021	\$2,368	\$2,715	\$3,061	\$3,408	\$3,755	\$4,101	\$4,448
Full Need Standard	\$678	\$678	\$846	\$990	\$1,123	\$1,247	\$1,372	\$1,489	\$1,606	\$1,722	\$1,839

Attachment 3

Office of Administration Commissioner's Office

Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: Laclede County Pregnancy Support Center

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name _____ *Date Enrolled* _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt to be reimbursed			

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only.

Authorized person requesting purchase: _____

Purchase is Approved Denied A2A Signature _____ Date _____

Reason for denying purchase: _____

Attachment 4

Directions for Administration of Customer Satisfaction Survey For the Alternatives to Abortion Program

1. Per the contract, please administer the survey to all clients who receive services from _____ through _____. Each client should complete one survey.
2. The client should be given a plain envelope with the Contractor's name on the outside of the envelope along with a copy of the survey. For Contractors with Subcontractors, the Contractor name, as well as the Subcontractor name, shall appear on the outside of the envelope. The client shall complete the survey, not in the presence of the Contractor, and return the survey to the Contractor in the sealed envelope.
3. Please return all of the sealed envelopes to the Office of Administration, Alternatives to Abortion Program, no later than _____. Surveys should be bundled by the Contractor and submitted to the program manager at the following address:

Alternatives to Abortion Program
Office of Administration
201 W. Capitol Ave.
State Capitol Building, Room 125
Jefferson City, MO 65101

Attachment 4A

ALTERNATIVES TO ABORTION PROGRAM CLIENT SATISFACTION SURVEY

Agency Name: Laclede County Pregnancy Support Center **Date Completed:** _____

Client race (Check all that apply): White African American American Ind./Alaskan Native Asian/Pacific Islander Other

Client Age: _____ **County of residence:** _____

Have you ever received services from this program before? _____

Please check the box for each service you have received and then circle the rating you give to that service.

Case Management

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Domestic Abuse Prevention

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Finding a Home

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Paying Electric/Gas Bills

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Continuing School

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Going Back to School

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Job Training

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Job Placement

	1	2	3	4	5
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Counseling	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Clothing (mom and/or baby)	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Food	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Supplies	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Drug/Alcohol Testing/Treatment	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Help with an Adoption	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Involving and Teaching the Baby's Father	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Transportation	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Prenatal Care Referrals	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Ultrasound Referrals	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
<input type="checkbox"/> Medical Care Referrals for Me	1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied

Medical Care Referrals for my Baby

1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
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Child Care (babysitting)

1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
------------------------	-------------------	--------------	----------------	---------------------

Teaching Parenting Skills

1 Very Dissatisfied	2 Dissatisfied	3 Neutral	4 Satisfied	5 Very Satisfied
------------------------	-------------------	--------------	----------------	---------------------

Please rate the following statements:

1. I am able to schedule appointments at times that are convenient for me.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

2. I am seen at my appointment time.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

3. I am able to decide which service(s) I want.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

4. I fully understand the service(s) I am receiving.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

5. The service(s) I receive have assisted me in continuing my pregnancy.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

6. I am satisfied with the service(s) I receive.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

7. I would recommend this agency to a friend or family member.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
------------------------	---------------	--------------	------------	---------------------

Attachment 5
Missouri Office of Administration

FFY17 A2A Quarterly Expenditure Report

Agency: Laclede County Pregnancy Support Center	Contract Number:
Program Year July 1, 2016 - September 30, 2017	
Revenue Request	\$ -
Option 1: Federally Negotiated Indirect Cost Rate (FNICR)	
Application Base:	\$ -
Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
Total Indirect Administrative Costs	\$ -
OR	
Option 2: 10% De Minimus (use if no FNICR)	
Application Base: Modified Total Direct Administrative Cost	\$ -
	10%
Total Indirect Administrative Costs	\$ -
Program Salaries and Wages	\$ -
Employee Benefits	\$ -
Employee Travel	\$ -
Employee Training	\$ -
Office Rent/Space	\$ -
Office Utilities	\$ -
Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment (Capital Equipment over \$5,000 threshold)	\$ -
Office Communications	\$ -
Office Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list): (add other categories as needed)	\$ -
Total Direct Administrative Cost	\$ -
Equipment (Capital Equipment over the \$5,000 threshold)	0
Contracting/Consulting (amount of each contract service over \$25,000)	0
Other based on definition	0
Modified Total Direct Administrative Cost	\$ -
Transportation	\$ -
Job Training	\$ -
Tuition Assistance	\$ -
Contracted Residential Care	\$ -
Utility Assistance	\$ -
Emergency Shelter	\$ -
Housing Assistance	\$ -
(add others as needed)	\$ -
Total Participant Costs	\$ -
<i>I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.</i>	
Signature of Authorized Representative of [Insert Agency Name]	Date

Alternatives to Abortion

Contract # _____

Laclede Pregnancy Support Ctr.

PO Box 373

Lebanon, MO 65536

Invoice Number: _____

Invoice Date: _____

Total Contracted Allocation	Prior Invoiced		Monthly Award	
	Total		Amount	
\$ 100,000.00	\$ 24,999.99		\$ 8,333.33	
Quarterly expenditure adjustment:			\$ (2,500.00)	
Total Due:			\$ 5,833.33	
Allocation Remaining			\$ 69,166.68	

Attachment 7: Federal Funds Subrecipient Requirements

1. In performing its responsibilities under the contract, the subrecipient shall fully comply with:
 - a. 2 CFR Chapter 1, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
 - b. All applicable terms and conditions of the award.
 - c. All other applicable laws, regulations and policies authorizing or governing the use of any federal funds paid to the subrecipient under the contract.
2. The subrecipient shall not utilize federal funds, or any required matching funds, provided under the contract as matching funds for any other federal award, unless specifically allowed under that award.
3. Allowable Costs: Unless otherwise stated in this RFP, the subrecipient shall invoice the state agency based on actual, allowable costs incurred.
 - a. The subrecipient shall ensure all expenditures invoiced, claimed and/or reported satisfy the General provisions for allowable costs, as defined in the 2 CFR Chapter 1, Chapter II, Part 200, Subpart E- Cost Principles; and Specific provisions for allowable costs, as defined in applicable Federal program rules.
4. Indirect Cost Rates and Administrative Rates: In the event indirect costs and/or administrative rates are included as part of the cost reimbursement under the contract, the following will apply:
 - a. If a subrecipient has an approved federally negotiated indirect cost rate, the state agency will accept the approved indirect cost rate, unless doing so would conflict with federal statutes or an exception has been approved by the federal agency, based on documented justification. (2 CFR § 200.414) If a federal agency has approved a new or different rate subsequent to the beginning of a contract period and the effective date is retroactive, the change (increase or decrease) will not be recognized and accepted until the following contract period.
 - b. A rate of 10% of Modified Total Direct Costs (MTDC) will be used for those subrecipients that do not have a federally negotiated indirect rate (2 CFR § 200.414).
 - c. **Administrative costs** are defined as general administration and general expenses such as the director's office, accounting, personnel, library expenses and all other types of expenditures not listed specifically under one of the subcategories of "Facilities", (including cross allocations from other pools, where applicable). (US Dept. of Labor – Guide for Indirect Cost Rate Determination). Administrative costs can be categorized as both direct and indirect costs.

Administrative rates will vary by award, will be determined by the state agency, and will not exceed limits set forth by statute or regulations pertaining to each award. For example, some federal programs have statutory limitations on the % of dollars which may be expended for administrative costs. The state agency must abide by those statutory limits. Consequently, in contracts which include federal dollars with statutory limitations on administrative costs, the state agency will limit the use of award funds for administrative costs in accordance with the statutory requirements. In such instances, the state agency award will deem administrative costs (including administrative costs included in the indirect rate) unallowable to the extent that the costs exceed the statutory limits.
 - d. With regard to indirect cost rates and administrative rates, guidance and requirements noted in Part 2 CFR § 200, "does not change or modify any existing statute or guidance otherwise based on any existing statute...and does not supersede any existing or future authority under law or by executive order of the Federal Acquisition Regulation." Thus, for state agency programs where the specific federal award requirements define Administrative costs in such a manner that all Indirect costs are Administrative costs, the state agency cannot accept an indirect rate (regardless of whether it is federally negotiated or not) that exceeds the Administrative rate cap designated by the specific federal award.
5. Record/Document Requirements and Retention:
 - a. The subrecipient shall have written policies and procedures in place to ensure compliance with the terms, conditions, laws, and regulations in 2 CFR Chapter 1, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award, and shall make its policies and procedures available to the state agency, upon request.

- b. The subrecipient shall maintain an accounting system that, at a minimum, records expenditures in a manner that readily identifies the expenditure as an activity allowable under the award and allows required federal financial reports to be easily prepared.
 - c. In accordance with 2 CFR § 200.333 the subrecipient shall retain, for a period of three years from the date of submission of the final expenditure report, or from the date of the submission of the final quarterly or annual financial report to the state agency, all financial records, supporting documents, statistical records, and all other records pertinent to the federal award.
6. **Subrecipient Monitoring:** The state agency reserves the right to conduct monitoring reviews to ensure the subrecipient administers the federal award in compliance with applicable laws, regulations, contractual obligations, and performance goal measures.
- a. When deemed appropriate by the state agency, a monitoring report based on the results of the monitoring review will be issued to the subrecipient.
 - b. The subrecipient shall submit a written corrective action plan for any findings and recommendations in the monitoring report as directed by the state agency.
 - 1) The corrective action plan should include the actions the contractor proposes to take to remedy concerns, timeframes for achieving such remedies, and the person(s) responsible for the necessary action.
 - c. The state agency will respond in writing by accepting the corrective action plan submitted and/or requiring further action, including, but not limited to:
 - 1) More detailed financial reports or other documentation;
 - 2) Additional monitoring;
 - 3) Requiring the subrecipient to obtain technical or management assistance; and/or
 - 4) Establishing additional prior approvals from the state agency.
7. **Audits:** If required, the subrecipient shall have a single or program-specific audit conducted in accordance with provisions of the Single Audit Act of 1984 (with amendment in 1996) and 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements.
- a. In accordance with the provisions of 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements, the subrecipient shall consider all sources of federal awards, including federal resources received from the state agency, in determining the federal awards expended in its fiscal year.
 - b. In the event the subrecipient is required to obtain an audit pursuant to 2 CFR Chapter 1, Chapter II, Part 200, Subpart F, et al., Audit Requirements, the subrecipient shall submit the reporting package to the Federal Audit Clearinghouse (FAC) as required by 2 CFR § 200.512. The subrecipient shall notify the state agency of the acceptance of the audit by the FAC within 7 calendar days of the acceptance. The subrecipient shall also notify the state agency in the event the subrecipient is not required to obtain and submit a single audit. These notifications shall be submitted to the:
- Department of Social Services
Division of Finance and Administrative Services
Attn: Single Audit
P.O. Box 1082
Jefferson City, MO 65102
Or DFAS.ComplianceUnit@dss.mo.gov
- c. The subrecipient shall cooperate with the state agency in resolving questions that the state agency may have concerning the auditors' report and plans for corrective action(s) pursuant to 2 CFR § 200.521.
8. The subrecipient shall be responsible for any deferrals, disallowances, questioned costs, or other items not allowed for federal financial participation claimed by the state agency on behalf of the subrecipient. The subrecipient shall return any funds disallowed, either to the state agency or directly to the applicable federal agency, as instructed by the state agency and within the timeframe designated.

9. **Transparency Reporting:** In order to assist the state agency in complying with its reporting requirements under the Federal Funding Accountability and Transparency Act (FFATA), the subrecipient must fully complete and submit the FFATA Data Form, attached hereto as Attachment 8, to the state agency prior to the award of the contract.
 - a. The subrecipient should register in the federal government System for Award Management (SAM) available at www.sam.gov, to record information about the subrecipient's organization, including executive compensation data. SAM is a secure, single repository of data and the subrecipient should only need to register once and renew annually thereafter and update information as necessary.
 - b. The state agency will provide the subrecipient with applicable federal funding source information in accordance with 2 CFR § 200.331.

Attachment 8: Federal Funding Accountability and Transparency Act (FFATA) Data Form**See instructions for additional information*

Legal Business Name of Entity	Laclede County Pregnancy Support Center				
Doing Business As (if different)					
Street Address	525 S. Washington Ave.				
City	Lebanon	State	MO	Zip Code + 4*	655363233
DUNS Number*	834168775				
Parent Organization's DUNS Number*					
Principal Place of Performance*					
Contact Person's Name / Title					
Contact Person Phone Number					
Contact Person E-Mail					
Executive Compensation Information*					
<i>*Complete this section if required. See instructions for additional information before completing.</i>					
List the organization's top five most highly compensated executives for the preceding contractor fiscal year.					
Name	Amount				
1.					
2.					
3.					
4.					
5.					
Certification:					
I attest the facts stated above are true and correct.					
					
Shaun Dickerson					
Authorized Representative's Signature					
Printed Name					
CEO					
8/19/2016					
Title					
Date					

Instructions for Completing the FFATA Data Form

Zip Code + 4

This is the four digit zip code extension available at <http://zip4.usps.com/zip4/welcome.jsp>

DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See <http://fedgov.dnb.com/webform>

Parent Organization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

Executive Compensation Information

Review the following questions to determine whether you are required to report executive compensation information.

1. In your preceding completed fiscal year, did your business or organization receive:

- a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
- b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

Yes No

Note: If the answer to either Question 1a or 1b is "No", your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both 1a and 1b is "Yes", proceed to Question 2.

2. Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 78o(d)] or section 6104 of the Internal Revenue Code of 1986? (*To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at <http://www.sec.gov/answers/execomp.htm>*)

Yes No

Note: If the answer to Question # 2 is "Yes", your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No", you are required to complete the Executive Compensation Information section of the FFATA Data Form.

Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:
https://www.frsr.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reportin 08272010.pdf

Instructions for Completing the FFATA Data Form

Zip Code + 4

This is the four digit zip code extension available at <http://zip4.usps.com/zip4/welcome.jsp>

DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See <http://fedgov.dnb.com/webform>

Parent Organization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

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 - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
 - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

Yes No

Note: If the answer to either Question 1a or 1b is "No", your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both 1a and 1b is "Yes", proceed to Question 2.

2. Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 78o(d)] or section 6104 of the Internal Revenue Code of 1986? *(To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at <http://www.sec.gov/answers/execomp.htm>*

Yes No

Note: If the answer to Question # 2 is "Yes", your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No", you are required to complete the Executive Compensation Information section of the FFATA Data Form.

Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:
https://www.frs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reportin 08272010.pdf

CONFERENCE ATTENDANCE RECORD

No.: RFPS30034901700042

Title: Alternatives to Abortion Program Services

Place: Harry S Truman Building, Room 400

Date: August 5, 2016 Time: 9:00 a.m.

Buyer: Julie Kleffner

Phone: (573) 751-7656

Email: Julie.Kleffner@oa.mo.gov

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. <u>Julie Kleffner</u>	Co. Name: <u>Purchasing</u> City/State/Zip: <u>JC MO</u> Phone # <u>573-751-7656</u> e-mail address: <u>julie.kleffner@oa.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
2. 3. 1. <u>Emily Kraft</u>	Co. Name: <u>DA</u> City/State/Zip: <u>JLMO</u> Phone # <u>573-522-0003</u> e-mail address: <u>Emily.Kraft@DAJL.MO.GOV</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
2. 3. 1. <u>Sneita Westphal</u>	Co. Name: <u>DSS / FSD</u> City/State/Zip: <u>JC MO</u> Phone # <u>573-522-4470</u> e-mail address: <u>sneita.westphal@dss.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
2. 3. 1. <u>Carrie Hoelscher</u> 2. <u>Marsha Middleton</u>	Co. Name: <u>Alliance For Life</u> City/State/Zip: <u>Glenwood, MO 64024</u> Phone # <u>816-904-4168</u> e-mail address: <u>Carrie@allianceforlife missouri.com</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
2. 3. 1. <u>Kristen Paffin</u> 2. <u>Michelle Kelley</u>	Co. Name: <u>DSS</u> City/State/Zip: <u>JC MO</u> Phone # <u>573-522-8183</u> e-mail address: <u>Kristen.DA@HC.DSS.MO.GOV</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
2. 3. 1. <u>MADRA TAYLOR</u>	Co. Name: <u>CATHOLIC CHARITIES OF SOUTHERN MO</u> City/State/Zip: <u>424 E MONASTERY ST SPRG MO</u> Phone # <u>417-720-4213</u> e-mail address: <u>MTaylor@CCSMO.ORG</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. Terese Hayner 2. 3.	Co. Name: Good Shepherd City/State/Zip: St. Louis, Mo Phone # 314-854-5703 e-mail address: thayner@ccstl.org <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Andrea Vent 2. 3.	Co. Name: The Haven of Grace City/State/Zip: St. Louis MO 63106 Phone # 314-621-6509 e-mail address: Avent@havenofgracestl.org <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Kristen Setterlund 2. 3.	Co. Name: Lutheran Family and Children's Service City/State/Zip: St. Louis, Mo 63132 Phone # 314-754-2740 e-mail address: KristenS@lfcsl.org <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Patrice Shelton 2. Vernie Wyndom 3.	Co. Name: EXPRESS Home Care City/State/Zip: St. Louis MO Phone # 314-727-0453 e-mail address: EXPRESSINC@AOL.COM <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Julie Ball 2. 3.	Co. Name: LIGHTHOUSE City/State/Zip: KCMO 64114 Phone # 816-461-1233 e-mail address: JULIE.B.LIGHTHOUSE@BOSL.ORG <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Shaun Dickerson 2. Abigail Chisum 3.	Co. Name: Pregnancy Support Center City/State/Zip: Lebanon MO 65536 Phone # 417-532-8955 e-mail address: Abigail@psclebanon.org <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE
1. Rich Hennicke 2. 3.	Co. Name: Nurses for Newborns City/State/Zip: 7259 Lansdowne Ave Suite 100 Phone # 314-544-3433 e-mail address: rich.hennicke@nfnf.org <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input checked="" type="checkbox"/> SDVE

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. Ashley Dooley Wohlgemuth 2. 3.	<p>Co. Name: Catholic Charities of Kansas City City/State/Zip: Kansas City, MO 64105 Phone # 816-659-8279 e-mail address: awohlgemuth@cccharities.com</p> <p><input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. Angel McDonald 2. 3.	<p>Co. Name: Mother's Refuge City/State/Zip: Independence, MO 64055 Phone # 816-838-6396 or 816-353-8070 e-mail address: angel@mothersrefuge.org</p> <p><input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. 2. 3.	<p>Co. Name: City/State/Zip: Phone # e-mail address: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. 2. 3.	<p>Co. Name: City/State/Zip: Phone # e-mail address: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. 2. 3.	<p>Co. Name: City/State/Zip: Phone # e-mail address: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. 2. 3.	<p>Co. Name: City/State/Zip: Phone # e-mail address: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>
1. 2. 3.	<p>Co. Name: City/State/Zip: Phone # e-mail address: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrd Wkshp <input type="checkbox"/> SDVE</p>

St.
Joseph



State of Missouri ▾ Karen Herman ▾

Supplier Activity : RFPS30034901700042 - Alternatives to Abortion Program Services for Office of Administration (Formal)

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Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	A Plus In-Home Wellness LLC	Aug 3, 2016 11:40 AM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	Adoption and Foster Care Coalition of MO	Jul 18, 2016 9:35 AM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	Affordable & Excellent Home Health Care	Jul 26, 2016 3:52 PM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	Alliance for Life - Missouri Inc.	Jul 18, 2016 10:24 AM CDT	[11 OF 11]	Aug 17, 2016 9:52 AM CDT	Aug 17, 2016 1:05 PM CDT	Aug 25, 2016 8:40 PM CDT	Aug 25, 2016 9:00 PM CDT	Aug 26, 2016 10:21 AM CDT
<input type="checkbox"/>	Benjamin Foods LLC	Jul 18, 2016 1:57 PM CDT	<input checked="" type="checkbox"/>	Jul 18, 2016 1:57 PM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Caregivers World Inc.	Jul 18, 2016 9:19 AM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	Catholic Charities of Southern Missouri	Aug 15, 2016 3:24 PM CDT	[11 OF 11]	Aug 19, 2016 10:50 AM CDT	<input checked="" type="checkbox"/>	Aug 26, 2016 2:06 PM CDT	Aug 19, 2016 10:51 AM CDT	Aug 26, 2016 2:11 PM CDT
<input type="checkbox"/>	Child Center - Marygrove	Jul 16, 2016 11:13 PM CDT	<input checked="" type="checkbox"/>	Jul 16, 2016 11:13 PM CDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0 OF 0

Notify selected suppliers

 Search:

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Aug 26, 2016
10:21 AM CDT
[9 OF 9]
0 = 13

Aug 18, 2016
4:12 PM CDT

Aug 26, 2016
10:21 AM CDT
[9 OF 9]
0 = 13

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	Close To Home Independent Living Skills✓	Jul 26, 2016 7:45 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	CSG Government Solutions✓	Aug 11, 2016 3:31 PM CDT	x	x	Aug 11, 2016 3:31 PM CDT [1 OF 2]	x	x	x
<input type="checkbox"/>	Express Home Care LLC✓	Jul 22, 2016 10:14 AM CDT	x	Aug 4, 2016 3:02 PM CDT	x	x	x	x
<input type="checkbox"/>	Faith Maternity Care✓	Aug 25, 2016 1:29 PM CDT [11 OF 11]	x	Aug 25, 2016 3:06 PM CDT [2 OF 2]	Aug 25, 2016 3:18 PM CDT [4 OF 4]	Aug 25, 2016 3:18 PM CDT [4 OF 4]	Aug 25, 2016 3:07 PM CDT	Aug 26, 2016 10:46 AM CDT [9 OF 9] [1] = 28
<input type="checkbox"/>	GV Traindemic Consulting✓	Jul 25, 2016 11:15 AM CDT	x	x	x	x	x	x
<input type="checkbox"/>	I Regina Gourdinge✓	Jul 15, 2016 7:30 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	KM Group LLC✓	Aug 2, 2016 10:50 AM CDT	x	Aug 2, 2016 10:50 AM CDT	x	x	x	x
<input type="checkbox"/>	Laclede County Pregnancy Support Center✓	Jul 27, 2016 2:09 PM CDT [11 OF 11]	x	Aug 19, 2016 1:49 PM CDT [2 OF 2]	Aug 25, 2016 2:34 PM CDT [2 OF 2]	Aug 25, 2016 3:17 PM CDT [4 OF 4]	Aug 25, 2016 2:56 PM CDT	Aug 25, 2016 3:19 PM CDT [9 OF 9] [1] = 2
<input type="checkbox"/>	Lutheran Family and Childrens Services of Missouri✓	Jul 18, 2016 8:51 AM CDT	x	Jul 18, 2016 8:56 AM CDT [11 OF 11]	Jul 18, 2016 8:57 AM CDT	Aug 25, 2016 2:32 PM CDT [2 OF 2]	Aug 25, 2016 2:40 PM CDT [4 OF 4]	Aug 26, 2016 9:20 AM CDT [9 OF 9]
<input type="checkbox"/>	Midwest Foundation Supply✓	Jul 22, 2016 2:08 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	Mother's Refuge✓	Aug 2, 2016 2:10 PM CDT	x	Aug 22, 2016 1:56 PM CDT [11 OF 11]	Aug 11, 2016 2:37 PM CDT [1 OF 2]	Aug 11, 2016 2:55 PM CDT [3 OF 4]	Aug 22, 2016 2:07 PM CDT [9 OF 9]	Aug 22, 2016 2:07 PM CDT [9 OF 9] [1] = 25
<input type="checkbox"/>	Nurses for Newborns✓	Jul 16, 2016 3:39 PM CDT	x	Aug 23, 2016 3:52 PM CDT [11 OF 11]	Aug 26, 2016 2:12 PM CDT [2 OF 2]	Aug 11, 2016 3:48 PM CDT [3 OF 4]	Aug 26, 2016 2:18 PM CDT [9 OF 9] [1] = 0	Aug 26, 2016 2:18 PM CDT [9 OF 9]

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	OAKWOOD PACKAGING COMPANY,✓	Aug 22, 2016 3:59 PM CDT	✗	✗	✗	3:59 PM CDT [1 OF 2]	Aug 22, 2016	✗
<input type="checkbox"/>	Parthenia M Reading,✓	Aug 20, 2016 3:06 PM CDT	✗	✗	✗	3:06 PM CDT [1 OF 2]	Aug 20, 2016	✗
<input type="checkbox"/>	Repucare, Inc.,✓	Jul 18, 2016 9:18 AM CDT	✗	✗	✗	9:46 PM CDT [2 OF 2]	Aug 25, 2016	✗
<input type="checkbox"/>	Saam,✓	Jul 15, 2016 7:19 PM CDT	✗	✗	✗	9:46 PM CDT [2 OF 2]	Aug 25, 2016	✗
<input type="checkbox"/>	SSM Health DePaul Hospital - St Louis,✓	Aug 2, 2016 1:11 PM CDT	✗	✗	✗	2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	✗
<input type="checkbox"/>	Taylor Consulting LLC,✓	Jul 16, 2016 8:21 AM CDT	✗	Jul 16, 2016 8:21 AM CDT	✗	2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	✗
<input type="checkbox"/>	Tech Electronics, Inc.,✓	Aug 3, 2016 11:47 AM CDT	✗	✗	✗	2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	✗
<input type="checkbox"/>	The Haven of Grace,✓	Jul 19, 2016 9:56 AM CDT	✗	Aug 17, 2016 2:25 PM CDT [11 OF 11]	✗	2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	Aug 26, 2016 10:19 AM CDT [8 OF 9] = 1
<input type="checkbox"/>	The LIGHT House Inc.,✓	Aug 12, 2016 7:21 AM CDT	✗	Aug 25, 2016 3:11 PM CDT [11 OF 11]	✗	2:56 PM CDT [2 OF 2]	Aug 25, 2016 3:11 PM CDT [4 OF 4]	Aug 26, 2016 2:20 PM CDT [8 OF 9] = 0
<input type="checkbox"/>	Washington County Community 2000 Partnership, Inc.,✓	Jul 18, 2016 4:56 PM CDT	✗	✗	✗	✗	✗	Showing 1 to 30 of 30 Vendors

Note: A date in the Accepted Document(s) indicates that the vendor has accepted one or more of the documents.
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